

CMS or Hospital Code	Charge Code	Description	Service Performed	CPT code	Department	Grass	Cash Pay. Rate	Minimum Negotiated Rate	Maximum Negotiated Rate	AETNA-COMMERCIAL	AETNA-MEDICARE	ALLWELL-ADVANTAGE	BCBS-MEDICARE ADVANTAGE	CHRISTUS HEALTH EXCHANGE	CIGNA	COVENTRY	GALAXY	HEALTHSMART	HEALTHCARE E HIGHWAY	HUMANA-COMMERCIAL	HUMANA-MEDICARE ADVANTAGE	INDEPENDENCE NT MEDICAL SYSTEMS	MULTIPLAN	OMNI	PPHP	TEXAS INDEPENDENCE HEALTHCARE	THREE RIVERS	TRIWEST	UNITED HEALTHCARE E-MEDICARE	UNITED HEALTHCARE E-MEDICARE ADVANTAGE	WELLCARE							
CMS Selected	750003- case rate	EGD	INP or OUTPAT	43235	Endoscopy	\$5,509.00	\$2,734.50	\$785.92	\$5,233.55	\$4,682.65	\$825.51	\$866.79	\$785.92	\$785.92	\$785.92	\$825.51	\$866.79	\$785.92	\$4,958.10	\$4,682.65	\$5,233.55	\$5,233.55	\$4,131.75	\$4,682.65	\$825.51	\$5,123.37	\$5,233.55	\$5,233.55	\$984.34	\$984.34	\$5,233.55	\$825.51	\$4,131.75	\$825.51	\$866.79			
CMS Selected	750002- case rate	COLONOSCOPY	INP or OUTPAT	45378	Endoscopy	\$2,733.00	\$1,366.50	\$763.88	\$2,596.35	\$2,323.05	\$831.04	\$872.59	\$763.88	\$763.88	\$763.88	\$831.04	\$872.59	\$763.88	\$2,459.70	\$2,323.05	\$2,596.35	\$2,596.35	\$2,049.75	\$2,323.05	\$831.04	\$2,541.69	\$2,596.35	\$2,596.35	\$955.70	\$955.70	\$2,596.35	\$831.04	\$2,049.75	\$831.04	\$872.59			
CMS Selected	5100002	NEW PATIENT 92023 VISIT CHARGE	OUTPAT	99203	Guadalupe Clinic	\$168.00	\$84.00	\$77.48	\$159.60	\$142.80	\$110.93	\$116.48	\$77.48	\$77.48	\$77.48	\$110.93	\$116.48	\$77.48	\$151.20	\$142.80	\$159.60	\$159.60	\$126.00	\$142.80	\$110.93	\$156.24	\$159.60	\$159.60	\$127.57	\$127.57	\$159.60	\$110.93	\$126.00	\$110.93	\$116.48			
CMS Selected	5100003	NEW PATIENT 92024 VISIT CHARGE	OUTPAT	99204	Guadalupe Clinic	\$181.00	\$90.50	\$110.93	\$171.95	\$153.85	\$110.93	\$116.48	\$131.18	\$131.18	\$131.18	\$110.93	\$116.48	\$131.18	\$110.93	\$162.90	\$153.85	\$171.95	\$171.95	\$135.75	\$153.85	\$110.93	\$168.33	\$171.95	\$171.95	\$127.57	\$127.57	\$171.95	\$110.93	\$135.75	\$110.93	\$116.48		
CMS Selected	5100004	NEW PATIENT 92025 VISIT CHARGE	OUTPAT	99205	Guadalupe Clinic	\$208.00	\$104.00	\$110.93	\$176.80	\$161.80	\$110.93	\$116.48	\$171.19	\$171.19	\$171.19	\$110.93	\$116.48	\$171.19	\$110.93	\$187.20	\$176.80	\$197.60	\$197.60	\$126.00	\$142.80	\$110.93	\$193.44	\$197.60	\$197.60	\$127.57	\$127.57	\$197.60	\$110.93	\$156.00	\$110.93	\$116.48		
CMS Selected	9140005	Psychotherapy, 30 minutes with patient	OUTPAT	90832	Heritage Program	\$386.00	\$193.00	\$145.70	\$366.70	\$328.10	\$145.70	\$152.99	\$347.40	\$347.40	\$312.66	\$145.70	\$152.99	\$347.40	\$328.10	\$366.70	\$366.70	\$289.50	\$328.10	\$145.70	\$358.98	\$366.70	\$366.70	\$167.56	\$167.56	\$366.70	\$145.70	\$289.50	\$145.70	\$152.99	\$152.99			
CMS Selected	9140004	Psychotherapy, 45 minutes with patient	OUTPAT	90834	Heritage Program	\$570.00	\$285.00	\$145.70	\$541.50	\$484.50	\$145.70	\$152.99	\$513.00	\$513.00	\$461.70	\$145.70	\$152.99	\$513.00	\$484.50	\$541.50	\$541.50	\$427.50	\$484.50	\$145.70	\$530.10	\$541.50	\$541.50	\$167.56	\$167.56	\$541.50	\$145.70	\$427.50	\$145.70	\$152.99	\$152.99			
CMS Selected	9140008	Psychotherapy, 60 minutes with patient	OUTPAT	90837	Heritage Program	\$750.00	\$375.00	\$145.70	\$714.50	\$648.50	\$145.70	\$152.99	\$513.00	\$513.00	\$461.70	\$145.70	\$152.99	\$513.00	\$484.50	\$541.50	\$541.50	\$427.50	\$484.50	\$145.70	\$530.10	\$541.50	\$541.50	\$167.56	\$167.56	\$541.50	\$145.70	\$427.50	\$145.70	\$152.99	\$152.99			
CMS Selected	9150002	GROUP PSYCHOTHERAPY INITIAL	OUTPAT	90853	Heritage Program	\$462.00	\$231.00	\$75.85	\$438.90	\$392.70	\$75.85	\$79.64	\$415.80	\$415.80	\$374.22	\$75.85	\$79.64	\$415.80	\$392.70	\$438.90	\$438.90	\$392.70	\$75.85	\$429.66	\$438.90	\$438.90	\$87.23	\$87.23	\$438.90	\$75.85	\$346.50	\$75.85	\$79.64	\$79.64				
CMS Selected	3510003	CT HEAD/BRAIN without contrast	INP or OUTPAT	70450	Imaging	\$1,711.00	\$855.50	\$106.88	\$1,625.45	\$1,454.35	\$106.88	\$112.22	\$1,122.22	\$1,122.22	\$1,122.22	\$1,122.22	\$1,122.22	\$1,122.22	\$1,122.22	\$1,539.90	\$1,454.35	\$1,625.45	\$1,625.45	\$1,283.25	\$1,454.35	\$106.88	\$1,591.23	\$1,625.45	\$1,625.45	\$1,122.91	\$1,122.91	\$1,625.45	\$106.88	\$1,122.22	\$106.88	\$112.22		
CMS Selected	6110001	MRI BRAIN W/O contrast followed by contrast and further sequences	INP or OUTPAT	70553	Imaging	\$4,162.00	\$2081.00	\$368.43	\$3,953.90	\$3,537.70	\$368.43	\$386.85	\$381.85	\$381.85	\$381.85	\$368.43	\$386.85	\$381.85	\$381.85	\$3,745.80	\$3,537.70	\$3,953.90	\$3,953.90	\$3,121.50	\$3,537.70	\$368.43	\$3,870.66	\$3,953.90	\$3,953.90	\$423.69	\$423.69	\$3,953.90	\$368.43	\$3,121.50	\$368.43	\$386.85		
CMS Selected	3200094	SPINE/LUMBOSACRAL MIN 4 VIEWS	INP or OUTPAT	72110	Imaging	\$501.00	\$135.00	\$106.88	\$475.95	\$425.85	\$106.88	\$112.22	\$112.08	\$112.08	\$112.08	\$106.88	\$112.22	\$450.90	\$425.85	\$475.95	\$475.95	\$375.75	\$425.85	\$106.88	\$465.93	\$475.95	\$475.95	\$122.91	\$122.91	\$475.95	\$106.88	\$375.75	\$106.88	\$112.22	\$112.22			
CMS Selected	6120006	MRI SPINAL CANNAL LUMBAR without contrast	INP or OUTPAT	72148	Imaging	\$2,727.00	\$700.00	\$233.04	\$2,590.65	\$2,317.95	\$233.52	\$245.20	\$233.04	\$233.04	\$233.52	\$233.52	\$245.20	\$233.04	\$233.04	\$233.52	\$245.20	\$2,454.30	\$2,317.95	\$2,590.65	\$2,590.65	\$2,045.25	\$2,317.95	\$233.52	\$2,536.11	\$2,590.65	\$2,590.65	\$268.55	\$268.55	\$2,590.65	\$233.52	\$2,045.25	\$233.52	\$245.20
CMS Selected	3100003	CT PELVIS WITH contrast	INP or OUTPAT	72193	Imaging	\$2,323.00	\$500.00	\$180.34	\$2,206.85	\$1,974.55	\$180.34	\$189.36	\$182.22	\$182.22	\$182.22	\$180.34	\$189.36	\$182.22	\$182.22	\$180.34	\$2,090.70	\$1,974.55	\$2,206.85	\$2,206.85	\$1,742.25	\$1,974.55	\$180.34	\$2,160.39	\$2,206.85	\$2,206.85	\$207.39	\$207.39	\$2,206.85	\$180.34	\$1,742.25	\$189.36	\$189.36	
CMS Selected	6100022	MRI LOWER EXTREMITY ANY JOINT without contrast	INP or OUTPAT	73721	Imaging	\$2,727.00	\$700.00	\$233.04	\$2,590.65	\$2,317.95	\$233.52	\$245.20	\$233.04	\$233.04	\$233.52	\$245.20	\$233.04	\$233.04	\$233.52	\$245.20	\$2,454.30	\$2,317.95	\$2,590.65	\$2,590.65	\$2,045.25	\$2,317.95	\$233.52	\$2,536.11	\$2,590.65	\$2,590.65	\$268.55	\$268.55	\$2,590.65	\$233.52	\$2,045.25	\$233.52	\$245.20	
CMS Selected	3500062	CT ABDOMEN & PELVIS with contrast	INP or OUTPAT	74177	Imaging	\$3,092.00	\$500.00	\$368.43	\$2,937.40	\$2,628.20	\$368.43	\$386.85	\$381.85	\$381.85	\$381.85	\$368.43	\$386.85	\$381.85	\$381.85	\$3,782.80	\$2,628.20	\$2,937.40	\$2,937.40	\$2,319.00	\$2,628.20	\$368.43	\$2,875.56	\$2,937.40	\$2,937.40	\$423.69	\$423.69	\$2,937.40	\$368.43	\$2,319.00	\$368.43	\$386.85		
CMS Selected	4020003	US ABDOMINAL COMPLETE	INP or OUTPAT	76700	Imaging	\$752.00	\$376.00	\$106.88	\$714.40	\$639.20	\$106.88	\$112.22	\$112.08	\$112.08	\$112.08	\$106.88	\$112.22	\$676.80	\$639.20	\$714.40	\$714.40	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20	\$639.20
CMS Selected	4020018	US PREGNANT UTERUS single or first gestation	INP or OUTPAT	76805	Imaging	\$770.00	\$385.00	\$91.54	\$731.50	\$654.50	\$106.88	\$112.22	\$91.54	\$91.54	\$91.54	\$106.88	\$112.22	\$693.00	\$654.50	\$731.50	\$731.50	\$654.50	\$654.50	\$106.88	\$716.10	\$731.50	\$731.50	\$122.91	\$122.91	\$731.50	\$106.88	\$477.50	\$106.88	\$112.22	\$112.22			
CMS Selected	4020027	ULTRASOUND, TRANSDUCIAL	INP or OUTPAT	76830	Imaging	\$652.00	\$326.00	\$88.30	\$619.40	\$554.20	\$106.88	\$112.22	\$88.30	\$88.30	\$88.30	\$106.88	\$112.22	\$586.80	\$554.20	\$619.40	\$619.40	\$554.20	\$554.20	\$106.88	\$606.36	\$619.40	\$619.40	\$122.91	\$122.91	\$619.40	\$106.88	\$477.50	\$106.88	\$112.22	\$112.22			
CMS Selected	4010014	MAMMO,DIGITAL,UNILATERAL,ALL	INP or OUTPAT	77065	Imaging	\$394.00	\$208.80	\$82.22	\$374.30	\$334.90	\$82.22	\$86.33	\$94.06	\$94.06	\$94.06	\$82.22	\$86.33	\$354.60	\$334.90	\$374.30	\$374.30	\$295.50	\$334.90	\$82.22	\$366.42	\$374.30	\$374.30	\$94.55	\$94.55	\$374.30	\$82.22	\$295.50	\$82.22	\$86.33	\$86.33			
CMS Selected	4010015	MAMMO,DIGITAL,BILATERAL,ALL V	INP or OUTPAT	77066	Imaging	\$418.00	\$218.40	\$104.84	\$397.10	\$355.30	\$104.84	\$110.08	\$120.37	\$120.37	\$120.37	\$104.84	\$110.08	\$376.20	\$355.30	\$397.10	\$397.10	\$313.50	\$355.30	\$104.84	\$388.74	\$397.10	\$397.10	\$120.57	\$120.57	\$397.10	\$104.84	\$313.50	\$104.84	\$110.08	\$110.08			
CMS Selected	4030006	MAMMO,DIGITAL,SCREENING,ALL V	INP or OUTPAT	77067	Imaging	\$2,428.00	\$1,214.00	\$86.94	\$2,315.60	\$2,100.80	\$86.94	\$91.79	\$99.47	\$99.47	\$99.47	\$86.94	\$91.79	\$223.20	\$210.80	\$235.60	\$235.60	\$186.00	\$210.80	\$86.94	\$230.64	\$235.60	\$235.60	\$99.98	\$99.98	\$235.60	\$86.94	\$186.00	\$86.94	\$91.79	\$91.79			
CMS Selected	3000013	BASIC METABOLIC PNL,CALCIUM T	INP or OUTPAT	80048	Lab	\$227.00	\$113.50	\$8.46	\$215.65	\$192.95	\$8.46	\$8.88	\$8.46	\$8.46	\$8.88	\$8.46	\$8.88	\$204.30	\$192.95	\$215.65	\$215.65	\$170.25	\$192.95	\$8.46	\$211.11	\$215.65	\$215.65	\$9.73	\$9.73	\$215.65	\$8.46	\$170.25	\$8.46	\$8.88	\$8.88			
CMS Selected	3000017	COMPREHENSIVE METABOLIC PANEL	INP or OUTPAT	80053	Lab	\$260.00	\$34.00	\$10.56	\$247.00	\$221.00	\$10.56	\$11.09	\$10.56	\$10.56	\$10.56	\$11.09	\$10.56	\$11.09	\$234.00	\$221.00	\$247.00	\$247.00	\$195.00	\$221.00	\$10.56	\$241.80	\$247.00	\$247.00	\$12.14	\$12.14	\$247.00	\$10.56	\$195.00	\$10.56	\$11.09	\$11.09		
CMS Selected	3000098	OBSTETRIC PANEL	INP or OUTPAT	80055	Lab	\$229.00	\$114.50	\$47.81	\$171.55	\$154.65	\$47.81	\$50.20	\$47.81	\$47.81	\$47.81	\$50.20	\$47.81	\$50.20	\$206.10	\$194.65	\$217.55	\$217.55	\$154.65	\$171.55	\$47.81	\$212.97	\$217.55	\$217.55	\$21.55	\$21.55	\$217.55	\$47.81	\$154.65	\$47.81	\$50.20	\$50.20		
CMS Selected	3000041	URIC ACID	INP or OUTPAT	80061	Lab	\$312.00	\$156.00	\$13.39	\$304.95	\$273.85	\$13.39	\$14.06	\$13.39	\$13.39	\$13.39	\$14.06	\$13.39	\$14.06	\$308.90	\$273.85	\$304.95	\$304.95	\$240.75	\$273.85	\$13.39	\$298.53	\$304.95	\$304.95	\$15.40	\$15.40	\$304.95	\$13.39	\$240.75	\$13.39	\$14.06	\$14.06		
CMS Selected	3010044	RENAL FUNCTION PANEL	INP or OUTPAT	80069	Lab	\$243.00	\$121.50	\$8.68	\$229.90	\$205.70	\$8.68	\$9.11	\$8.68	\$8.68	\$8.68	\$9.11	\$8.68	\$9.11	\$217.80	\$205.70	\$229.90	\$229.90	\$181.50	\$205.70	\$8.68	\$225.06	\$229.90	\$229.90										

CMS Selected	CASE RATE	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	INP or OUTPAT	45391	Medicine and Surgery Services	\$2,423.00	\$1,211.50	\$1,004.22	\$2,301.85	\$2,059.55	\$1,082.91	\$1,137.06	\$1,004.22	\$1,004.22	\$1,004.22	\$1,082.91	\$1,137.06	\$2,180.70	\$2,059.55	\$2,301.85	\$2,301.85	\$1,817.25	\$2,059.55	\$1,082.91	\$2,253.39	\$2,301.85	\$2,301.85	\$1,245.35	\$1,245.35	\$2,301.85	\$1,082.91	\$1,817.25	\$1,082.91	\$1,137.06
CMS Selected	CASE RATE	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE	INP or OUTPAT	47562	Medicine and Surgery Services	\$17,935.00	\$8,967.50	\$4,833.71	\$17,038.25	\$15,244.75	\$5,212.15	\$5,472.76	\$4,833.71	\$4,833.71	\$4,833.71	\$5,212.15	\$5,472.76	\$16,141.50	\$15,244.75	\$17,038.25	\$17,038.25	\$13,451.25	\$15,244.75	\$5,212.15	\$16,679.55	\$17,038.25	\$17,038.25	\$5,999.97	\$5,999.97	\$17,038.25	\$5,212.15	\$13,451.25	\$5,212.15	\$5,472.76
CMS Selected	CASE RATE	REPAIR OF GROIN HERNIA PATIENT AGE 5 YEARS OR OLDER	INP or OUTPAT	49505	Medicine and Surgery Services	\$15,340.00	\$7,670.00	\$3,109.34	\$14,573.00	\$13,039.00	\$3,541.93	\$3,719.03	\$3,109.34	\$3,109.34	\$3,109.34	\$3,541.93	\$3,719.03	\$13,806.00	\$13,039.00	\$14,573.00	\$14,573.00	\$11,505.00	\$13,039.00	\$3,541.93	\$14,266.20	\$14,573.00	\$14,573.00	\$4,073.22	\$4,073.22	\$14,573.00	\$3,541.93	\$11,505.00	\$3,541.93	\$3,719.03
CMS Selected	CASE RATE	BIOPSY OF PROSTATE GLAND SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES	INP or OUTPAT	55700	Medicine and Surgery Services	\$6,950.00	\$3,475.00	\$1,771.55	\$6,602.50	\$5,907.50	\$1,854.88	\$1,947.62	\$1,771.55	\$1,771.55	\$1,771.55	\$1,854.88	\$1,947.62	\$6,255.00	\$5,907.50	\$6,602.50	\$6,602.50	\$5,212.50	\$5,907.50	\$1,854.88	\$6,463.50	\$6,602.50	\$6,602.50	\$2,133.11	\$2,133.11	\$6,602.50	\$1,854.88	\$5,212.50	\$1,854.88	\$1,947.62
CMS Selected	CASE RATE	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY, INCLUDING PRE- AND POST-DELIVERY CARE	INPAT	55865	Medicine and Surgery Services	\$20,000.00	\$10,000.00	\$8,413.11	\$19,000.00	\$17,000.00	\$9,087.30	\$9,541.67	\$8,413.11	\$8,413.11	\$8,413.11	\$9,087.30	\$9,541.67	\$18,000.00	\$17,000.00	\$19,000.00	\$19,000.00	\$15,000.00	\$17,000.00	\$9,087.30	\$18,600.00	\$19,000.00	\$19,000.00	\$10,450.40	\$10,450.40	\$19,000.00	\$9,087.30	\$15,000.00	\$9,087.30	\$9,541.67
CMS Selected	CASE RATE	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE- AND POST-DELIVERY CARE	INPAT	59400	Medicine and Surgery Services	\$8,065.00	\$2,800.00	\$2,177.84	\$7,661.75	\$6,855.25	\$2,595.19	\$2,724.95	\$2,177.84	\$2,177.84	\$2,177.84	\$2,595.19	\$2,724.95	\$7,258.50	\$6,855.25	\$7,661.75	\$7,661.75	\$6,048.75	\$6,855.25	\$2,595.19	\$7,500.45	\$7,661.75	\$7,661.75	\$2,984.47	\$2,984.47	\$7,661.75	\$2,595.19	\$6,048.75	\$2,595.19	\$2,724.95
CMS Selected	CASE RATE	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE- AND POST-DELIVERY CARE	INPAT	59510	Medicine and Surgery Services	\$16,484.00	\$4,200.00	\$2,414.62	\$15,659.80	\$14,011.40	\$5,595.00	\$5,874.75	\$2,414.62	\$2,414.62	\$2,414.62	\$5,595.00	\$5,874.75	\$14,835.60	\$14,011.40	\$15,659.80	\$15,659.80	\$12,363.00	\$14,011.40	\$5,595.00	\$15,330.12	\$15,659.80	\$15,659.80	\$6,434.25	\$6,434.25	\$15,659.80	\$5,595.00	\$12,363.00	\$5,595.00	\$5,874.75
CMS Selected	CASE RATE	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	INP or OUTPAT	62323	Medicine and Surgery Services	\$2,313.00	\$1,156.50	\$625.05	\$2,197.35	\$1,966.05	\$644.34	\$676.56	\$625.05	\$625.05	\$625.05	\$644.34	\$676.56	\$2,081.70	\$1,966.05	\$2,197.35	\$2,197.35	\$1,734.75	\$1,966.05	\$644.34	\$2,151.09	\$2,197.35	\$2,197.35	\$740.99	\$740.99	\$2,197.35	\$644.34	\$1,734.75	\$644.34	\$676.56
CMS Selected	CASE RATE	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUGS INTO LOWER OR SACRAL SPINE NERVE ROOT USING IMAGING GUIDANCE	INP or OUTPAT	64483	Medicine and Surgery Services	\$3,665.00	\$1,832.50	\$812.05	\$3,481.75	\$3,115.25	\$852.18	\$894.79	\$812.05	\$812.05	\$812.05	\$852.18	\$894.79	\$3,298.50	\$3,115.25	\$3,481.75	\$3,481.75	\$2,748.75	\$3,115.25	\$852.18	\$3,408.45	\$3,481.75	\$3,481.75	\$980.01	\$980.01	\$3,481.75	\$852.18	\$2,748.75	\$852.18	\$894.79
CMS Selected	CASE RATE	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING LASER	OUTPAT	66821	Medicine and Surgery Services	\$1,602.00	\$801.00	\$506.93	\$1,521.90	\$1,361.70	\$530.77	\$557.31	\$506.93	\$506.93	\$506.93	\$530.77	\$557.31	\$1,441.80	\$1,361.70	\$1,521.90	\$1,521.90	\$1,201.50	\$1,361.70	\$530.77	\$1,489.86	\$1,521.90	\$1,521.90	\$610.39	\$610.39	\$1,521.90	\$530.77	\$1,201.50	\$530.77	\$557.31
CMS Selected	CASE RATE	REMOVAL OF CATARACT WITH INSERTION OF LENS	OUTPAT	66984	Medicine and Surgery Services	\$9,335.00	\$4,667.50	\$2,021.86	\$8,808.25	\$7,934.75	\$2,159.44	\$2,267.41	\$2,021.86	\$2,021.86	\$2,159.44	\$2,267.41	\$8,401.50	\$7,934.75	\$8,868.25	\$8,868.25	\$7,001.25	\$7,934.75	\$2,159.44	\$8,681.55	\$8,868.25	\$8,868.25	\$2,483.36	\$2,483.36	\$8,868.25	\$2,159.44	\$7,001.25	\$2,159.44	\$2,267.41	
CMS Selected	NA	FAMILY PSYCHOTHERAPY, not including patient, 50min	Not Performed at GRMC	90845	Medicine and Surgery Services	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CMS Selected	NA	FAMILY PSYCHOTHERAPY, including patient, 50min	Not Performed at GRMC	90847	Medicine and Surgery Services	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CMS Selected	7300001(93 0001 & 7300001(93 005) & 9602002(93 010)	ELECTROCARDIOGRAM, ROUTINE, without interpretation and report	INP or OUTPAT	93000	Medicine and Surgery Services	\$358.00	\$90.00	\$17.30	\$340.10	\$304.30	\$60.52	\$60.52	\$17.30	\$17.30	\$17.30	\$60.52	\$60.52	\$322.20	\$304.30	\$340.10	\$340.10	\$268.50	\$304.30	\$60.52	\$332.94	\$340.10	\$340.10	\$60.52	\$60.52	\$340.10	\$60.52	\$268.50	\$60.52	\$60.52
CMS Selected	CASE RATE	INSERTION OF CATHETER INTO LEFT HEART FOR DIAGNOSIS	INP or OUTPAT	93452	Medicine and Surgery Services	\$12,014.00	\$6,007.00	\$2,849.95	\$11,413.30	\$10,211.90	\$2,958.46	\$3,106.38	\$2,849.95	\$2,849.95	\$2,849.95	\$2,958.46	\$3,106.38	\$10,812.60	\$10,211.90	\$11,413.30	\$11,413.30	\$9,010.50	\$10,211.90	\$2,958.46	\$11,173.02	\$11,413.30	\$11,413.30	\$3,402.23	\$3,402.23	\$11,413.30	\$2,958.46	\$9,010.50	\$2,958.46	\$3,106.38
CMS Selected	9830037	PATIENT OFFICE CONSULTATION, Typically 40min	INP or OUTPAT	99243	Medicine and Surgery Services	\$360.00	\$180.00	\$97.31	\$342.00	\$306.00	NA	NA	\$97.31	\$97.31	\$97.31	NA	NA	\$324.00	\$306.00	\$342.00	\$342.00	\$270.00	\$306.00	NA	\$334.80	\$342.00	\$342.00	NA	NA	\$342.00	NA	\$270.00	NA	NA
CMS Selected	9830038	PATIENT OFFICE CONSULTATION, Typically 60min	INP or OUTPAT	99244	Medicine and Surgery Services	\$523.00	\$261.50	\$156.41	\$496.85	\$444.55	NA	NA	\$156.41	\$156.41	\$156.41	NA	NA	\$470.70	\$444.55	\$496.85	\$496.85	\$392.25	\$444.55	NA	\$486.39	\$496.85	\$496.85	NA	NA	\$496.85	NA	\$392.25	NA	NA
CMS Selected	NA	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39)	Not Performed at GRMC. No longer active, see Established 99395 in below section	99385	Medicine and Surgery Services	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CMS Selected	NA	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64)	Not Performed at GRMC. No longer active, see Established 99396 in below section	99386	Medicine and Surgery Services	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CMS Selected	9200003	SLEEP STUDY, age 6+, 4-parameters of sleep, attended by a technologist	INPAT	95810	Sleep Study	\$2,257.00	\$1,128.50	\$500.94	\$2,144.15	\$1,918.45	\$934.38	\$981.10	\$500.94	\$500.94	\$934.38	\$981.10	\$2,031.30	\$1,918.45	\$2,144.15	\$2,144.15	\$1,692.75	\$1,918.45	\$934.38	\$2,099.01	\$2,144.15	\$2,144.15	\$1,074.54	\$1,074.54	\$2,144.15	\$934.38	\$1,692.75	\$934.38	\$981.10	
CMS Selected	4211021	THERAPY Exercise Each 15 MINUTES	INP or OUTPAT	97110	Therapy	\$167.00	\$83.50	\$28.32	\$158.65	\$141.95	\$28.32	\$29.74	\$31.35	\$31.35	\$31.35	\$28.32	\$29.74	\$150.30	\$141.95	\$158.65	\$158.65	\$125.25	\$141.95	\$28.32	\$155.31	\$158.65	\$158.65	\$32.57	\$32.57	\$158.65	\$28.32	\$125.25	\$28.32	\$29.74
Hospital Selected	4800023	PERIPHERAL ARTERIAL Disease Rehab per session	OUTPAT	98668	Cardiac Rehab	\$165.00	\$82.50	\$18.02	\$156.75	\$140.25	\$57.48	\$60.35	\$18.02	\$18.02	\$18.02	\$57.48	\$60.35	\$148.50	\$140.25	\$156.75	\$156.75	\$123.75	\$140.25	\$57.48	\$153.45	\$156.75	\$156.75	\$66.10	\$66.10	\$156.75	\$57.48	\$123.75	\$57.48	\$60.35
Hospital Selected	9430001	Outpatient Cardiac Rehabilitation; with continuous ECG monitoring	OUTPAT	93798	Cardiac Rehab	\$291.00	\$145.50	\$14.42	\$276.45	\$247.35	\$120.07	\$126.07	\$14.42	\$14.42	\$14.42	\$120.07	\$126.07	\$261.90	\$247.35	\$276.45	\$276.45	\$218.25	\$247.35	\$120.07	\$270.63	\$276.45	\$276.45	\$138.08	\$138.08	\$276.45	\$120.07	\$218.25	\$120.07	\$126.07
Hospital Selected	9430002	PHASE III CARDIAC REHAB SERV; Supervised daily Exercise- Self pay charge only.	OUTPAT	99999	Cardiac Rehab	\$5.25	\$5.25	\$5.25	\$5.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Hospital Selected	7610007	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen by brushing or washing	INP OR OUTPAT	43260	Endoscopy	\$7,946.00	\$3,973.00	\$2,999.08	\$7,548.70	\$6,754.10	\$3,260.69	\$3,423.72	\$2,999.08	\$2,999.08	\$2,999.08	\$3,260.69	\$3,423.72	\$7,151.40	\$6,754.10	\$7,548.70	\$7,548.70	\$5,959.50	\$6,754.10	\$3,260.69	\$7,389.78	\$7,548.70	\$7,548.70	\$3,749.79	\$3,749.79	\$7,548.70	\$3,260.69	\$5,959.50	\$3,260.69	\$3,423.72
Hospital Selected	7500005- Case rate 45390 45346	SIGMOIDOSCOPY (FLEX) FINE NEEDLE	INP OR OUTPAT	45330	Endoscopy	\$3,200.00	\$1,600.00	\$145.44	\$3,040.00	\$2,720.00	\$831.04	\$872.59	\$145.44	\$145.44	\$145.44	\$831.04	\$872.59	\$2,880.00	\$2,720.00	\$3,040.00	\$3,040.00	\$2,400.00	\$2,720.00	\$831.04	\$2,976.00	\$3,040.00	\$3,040.00	\$955.70	\$955.70	\$3,040.00	\$831.04	\$2,400.00	\$831.04	\$872.59
Hospital Selected	4020105	ASPIRATION/BIOPSY-ULTRASOUND;15 MIN NEEDLE	INP OR OUTPAT	10005	Imaging	\$1,696.00	\$848.00	\$75.07	\$1,611.20	\$1,441.60	\$648.97	\$681.42	\$75.07	\$75.07	\$75.07	\$648.97	\$681.42	\$1,526.40	\$1,441.60	\$1,611.20	\$1,611.20	\$1,272.00	\$1,441.60	\$648.97	\$1,577.28	\$1,611.20	\$1,611.20	\$746.32	\$746.32	\$1,611.20	\$648.97	\$1,272.00	\$648.97	\$681.42
Hospital Selected	4020088	BIOPSY,BREAST WITH DEVICE;1ST LESION + ULTRASOUND GUIDANCE Thoracocentesis,needle or catheter, aspiration of the pleural space, with image guidance	INP OR OUTPAT	19083	Imaging	\$6,409.00	\$3,204.50	\$1,372.60	\$6,088.55	\$5,447.65	\$1,499.55	\$1,574.53	\$1,372.60	\$1,372.60	\$1,499.55	\$1,574.53	\$5,768.10	\$5,447.65	\$6,088.55	\$6,088.55	\$4,806.75	\$5,447.65	\$1,499.55	\$5,960.37	\$6,088.55	\$6,088.55	\$1,724.48	\$1,724.48	\$6,088.55	\$1,499.55	\$4,806.75	\$1,499.55	\$1,574.53	
Hospital Selected	4021002	PHASE III CARDIAC REHAB SERV; Supervised daily Exercise- Self pay charge only.	INP OR OUTPAT	32555	Imaging	\$1,784.00	\$892.00	\$578.50	\$1,694.80	\$1,516.40	\$578.50	\$607.43	\$630.51	\$630.51	\$630.51	\$578.50	\$607.43	\$1,605.60	\$1,516.40	\$														

Hospital Selected	3200006	X-RAY ANKLE COMPLETE 3+ VIEWS	INP OR OUTPAT	73630	Imaging	\$298.00	\$1000.00	\$79.81	\$283.10	\$253.30	\$86.88	\$91.22	\$79.81	\$79.81	\$79.81	\$79.81	\$86.88	\$91.22	\$268.20	\$253.30	\$283.10	\$283.10	\$223.50	\$253.30	\$86.88	\$277.14	\$283.10	\$283.10	\$99.91	\$99.91	\$283.10	\$86.88	\$223.50	\$86.88	\$91.22
Hospital Selected	3200036	X-RAY FOOT, 2 VIEWS	INP OR OUTPAT	73620	Imaging	\$298.00	\$1000.00	\$79.81	\$283.10	\$253.30	\$86.88	\$91.22	\$79.81	\$79.81	\$79.81	\$86.88	\$91.22	\$268.20	\$253.30	\$283.10	\$283.10	\$223.50	\$253.30	\$86.88	\$277.14	\$283.10	\$283.10	\$99.91	\$99.91	\$283.10	\$86.88	\$223.50	\$86.88	\$91.22	
Hospital Selected	3200035	X-RAY FOOT COMPLETE, MINIMUM 3 VIEWS	INP OR OUTPAT	73630	Imaging	\$298.00	\$1000.00	\$79.81	\$283.10	\$253.30	\$86.88	\$91.22	\$79.81	\$79.81	\$79.81	\$86.88	\$91.22	\$268.20	\$253.30	\$283.10	\$283.10	\$223.50	\$253.30	\$86.88	\$277.14	\$283.10	\$283.10	\$99.91	\$99.91	\$283.10	\$86.88	\$223.50	\$86.88	\$91.22	
Hospital Selected	3200015	X-RAY CALCANUS/HEEL MINIMUM 2 VIEWS	INP OR OUTPAT	73650	Imaging	\$298.00	\$149.00	\$79.81	\$283.10	\$253.30	\$86.88	\$91.22	\$79.81	\$79.81	\$79.81	\$86.88	\$91.22	\$268.20	\$253.30	\$283.10	\$283.10	\$223.50	\$253.30	\$86.88	\$277.14	\$283.10	\$283.10	\$99.91	\$99.91	\$283.10	\$86.88	\$223.50	\$86.88	\$91.22	
Hospital Selected	3200011	X-RAY TOES/ MINIMUM 2 VIEWS	INP OR OUTPAT	73660	Imaging	\$298.00	\$1000.00	\$79.81	\$283.10	\$253.30	\$86.88	\$91.22	\$79.81	\$79.81	\$79.81	\$86.88	\$91.22	\$268.20	\$253.30	\$283.10	\$283.10	\$223.50	\$253.30	\$86.88	\$277.14	\$283.10	\$283.10	\$99.91	\$99.91	\$283.10	\$86.88	\$223.50	\$86.88	\$91.22	
Hospital Selected	3500012	CT LOWER EXTREMITY WITHOUT CONTRAST	INP OR OUTPAT	73700	Imaging	\$1,711.00	\$4500.00	\$106.88	\$1,625.45	\$1,454.35	\$106.88	\$112.22	\$112.08	\$112.08	\$112.08	\$106.88	\$112.22	\$1,539.90	\$1,454.35	\$1,625.45	\$1,625.45	\$1,283.25	\$1,454.35	\$106.88	\$1,591.23	\$1,625.45	\$1,625.45	\$122.91	\$122.91	\$1,625.45	\$106.88	\$1,283.25	\$106.88	\$112.22	
Hospital Selected	6100018	MRI LOWER EXT OTHER THAN JOINT WITHOUT CONTRAST	INP OR OUTPAT	73718	Imaging	\$2,727.00	\$700.00	\$233.04	\$2,590.65	\$2,317.95	\$233.52	\$245.20	\$233.04	\$233.04	\$233.52	\$245.20	\$2,454.30	\$2,317.95	\$2,590.65	\$2,590.65	\$2,045.25	\$2,317.95	\$233.52	\$2,536.11	\$2,590.65	\$2,590.65	\$268.55	\$268.55	\$2,590.65	\$233.52	\$2,045.25	\$233.52	\$245.20		
Hospital Selected	6100023	MRI LWR EXTREMITY OTHER THAN JOINT WITHOUT CONTRAST AND FOLLOWED BY CONTRAST AND FURTHER SECTIONS	INP OR OUTPAT	73720	Imaging	\$4,162.00	\$850.00	\$368.43	\$3,953.90	\$3,537.70	\$368.43	\$386.85	\$381.85	\$381.85	\$381.85	\$368.43	\$386.85	\$3,745.80	\$3,537.70	\$3,953.90	\$3,953.90	\$3,121.50	\$3,537.70	\$368.43	\$3,870.66	\$3,953.90	\$3,953.90	\$423.69	\$423.69	\$3,953.90	\$368.43	\$3,121.50	\$368.43	\$386.85	
Hospital Selected	3200004	X-RAY ABDOMEN, 1 VIEW	INP OR OUTPAT	74018	Imaging	\$298.00	\$1000.00	\$79.81	\$283.10	\$253.30	\$86.88	\$91.22	\$79.81	\$79.81	\$79.81	\$86.88	\$91.22	\$268.20	\$253.30	\$283.10	\$283.10	\$223.50	\$253.30	\$86.88	\$277.14	\$283.10	\$283.10	\$99.91	\$99.91	\$283.10	\$86.88	\$223.50	\$86.88	\$91.22	
Hospital Selected	3200240	X-RAY ABDOMEN; 2 VIEWS	INP OR OUTPAT	74019	Imaging	\$298.00	\$149.00	\$106.88	\$283.10	\$253.30	\$106.88	\$112.22	\$112.08	\$112.08	\$112.08	\$106.88	\$112.22	\$268.20	\$253.30	\$283.10	\$283.10	\$223.50	\$253.30	\$106.88	\$277.14	\$283.10	\$283.10	\$122.91	\$122.91	\$283.10	\$106.88	\$223.50	\$106.88	\$112.22	
Hospital Selected	3200239	X-RAY ABDOMEN; 3 OR MORE VIEWS	INP OR OUTPAT	74021	Imaging	\$346.00	\$173.00	\$106.88	\$328.70	\$294.10	\$106.88	\$112.22	\$112.08	\$112.08	\$112.08	\$106.88	\$112.22	\$311.40	\$294.10	\$328.70	\$328.70	\$259.50	\$294.10	\$106.88	\$321.78	\$328.70	\$328.70	\$122.91	\$122.91	\$328.70	\$106.88	\$259.50	\$106.88	\$112.22	
Hospital Selected	3200002	X-RAY ABDOMEN, COMPLETE ACUTE ABDOMEN SERIES, INCLUDING 2 OR MORE VIEWS OF THE ABDOMEN AND A SINGLE VIEW CHEST	INP OR OUTPAT	74022	Imaging	\$298.00	\$149.00	\$106.88	\$283.10	\$253.30	\$106.88	\$112.22	\$112.08	\$112.08	\$112.08	\$106.88	\$112.22	\$268.20	\$253.30	\$283.10	\$283.10	\$223.50	\$253.30	\$106.88	\$277.14	\$283.10	\$283.10	\$122.91	\$122.91	\$283.10	\$106.88	\$223.50	\$106.88	\$112.22	
Hospital Selected	3500004	CT ABDOMEN WITHOUT CONTRAST	INP OR OUTPAT	74150	Imaging	\$1,711.00	\$4500.00	\$106.88	\$1,625.45	\$1,454.35	\$106.88	\$112.22	\$112.08	\$112.08	\$112.08	\$106.88	\$112.22	\$1,539.90	\$1,454.35	\$1,625.45	\$1,625.45	\$1,283.25	\$1,454.35	\$106.88	\$1,591.23	\$1,625.45	\$1,625.45	\$122.91	\$122.91	\$1,625.45	\$106.88	\$1,283.25	\$106.88	\$112.22	
Hospital Selected	3500003	CT ABDOMEN WITH CONTRAST	INP OR OUTPAT	74160	Imaging	\$2,323.00	\$5000.00	\$180.34	\$2,206.85	\$1,974.55	\$180.34	\$189.36	\$182.22	\$182.22	\$182.22	\$180.34	\$189.36	\$2,090.70	\$1,974.55	\$2,206.85	\$2,206.85	\$1,742.25	\$1,974.55	\$180.34	\$2,160.39	\$2,206.85	\$2,206.85	\$207.39	\$207.39	\$2,206.85	\$180.34	\$1,742.25	\$180.34	\$189.36	
Hospital Selected	3500002	CT ABDOMEN WITHOUT CONTRAST FOLLOWED BY CONTRAST AND FURTHER SECTIONS	INP OR OUTPAT	74170	Imaging	\$2,762.00	\$5500.00	\$180.34	\$2,623.90	\$2,347.70	\$180.34	\$189.36	\$182.22	\$182.22	\$180.34	\$189.36	\$2,485.80	\$2,347.70	\$2,623.90	\$2,623.90	\$2,071.50	\$2,347.70	\$180.34	\$2,568.66	\$2,623.90	\$2,623.90	\$207.39	\$207.39	\$2,623.90	\$180.34	\$2,071.50	\$180.34	\$189.36		
Hospital Selected	3500064	CT ANGIO PELVIS-ABDOMEN WITH CONTRAST	INP OR OUTPAT	74174	Imaging	\$2,698.00	\$5000.00	\$290.48	\$2,563.10	\$2,293.30	\$368.43	\$386.85	\$390.48	\$390.48	\$368.43	\$386.85	\$2,428.20	\$2,293.30	\$2,563.10	\$2,563.10	\$2,023.50	\$2,293.30	\$368.43	\$2,509.14	\$2,563.10	\$2,563.10	\$423.69	\$423.69	\$2,563.10	\$368.43	\$2,023.50	\$368.43	\$386.85		
Hospital Selected	3500061	CT ABDOMEN & PELVIS; without contrast	INP OR OUTPAT	74176	Imaging	\$2,282.00	\$4500.00	\$233.04	\$2,167.90	\$1,999.70	\$233.52	\$245.20	\$233.04	\$233.04	\$233.52	\$245.20	\$2,053.80	\$1,999.70	\$2,167.90	\$2,167.90	\$1,711.50	\$1,999.70	\$233.52	\$2,122.26	\$2,167.90	\$2,167.90	\$268.55	\$268.55	\$2,167.90	\$233.52	\$1,711.50	\$233.52	\$245.20		
Hospital Selected	3500063	CT ABDOMEN & PELVIS; without contrast followed by contrast and further sections	INP OR OUTPAT	74178	Imaging	\$3,678.00	\$5500.00	\$368.43	\$3,494.10	\$3,126.30	\$368.43	\$386.85	\$381.85	\$381.85	\$381.85	\$368.43	\$386.85	\$3,310.20	\$3,126.30	\$3,494.10	\$3,494.10	\$2,758.50	\$3,126.30	\$368.43	\$3,420.54	\$3,494.10	\$3,494.10	\$423.69	\$423.69	\$3,494.10	\$368.43	\$2,758.50	\$368.43	\$386.85	
Hospital Selected	6100040	MRI CT ABDOMEN & PELVIS followed by contrast and further sections	INP OR OUTPAT	74181	Imaging	\$3,268.00	\$7000.00	\$233.04	\$3,104.60	\$2,777.80	\$233.52	\$245.20	\$233.04	\$233.04	\$233.52	\$245.20	\$2,941.20	\$2,777.80	\$3,104.60	\$3,104.60	\$2,451.00	\$2,777.80	\$233.52	\$3,039.24	\$3,104.60	\$3,104.60	\$268.55	\$268.55	\$3,104.60	\$233.52	\$2,451.00	\$233.52	\$245.20		
Hospital Selected	6100012	MRI ABDOMEN WITHOUT CONTRAST FOLLOWED BY CONTRAST AND FURTHER SECTIONS	INP OR OUTPAT	74183	Imaging	\$4,162.00	\$8500.00	\$368.43	\$3,953.90	\$3,537.70	\$368.43	\$386.85	\$381.85	\$381.85	\$381.85	\$368.43	\$386.85	\$3,745.80	\$3,537.70	\$3,953.90	\$3,953.90	\$3,121.50	\$3,537.70	\$368.43	\$3,870.66	\$3,953.90	\$3,953.90	\$423.69	\$423.69	\$3,953.90	\$368.43	\$3,121.50	\$368.43	\$386.85	
Hospital Selected	3200099	X-RAY UPPER GASTROINTESTINAL TRACT, INCLUDING SCOUT ABDOMINAL RADIOGRAPH AND DELAYED IMAGES; SINGLE-CONTRAST STUDY	INP OR OUTPAT	74230	Imaging	\$590.00	\$295.00	\$180.34	\$560.50	\$501.50	\$180.34	\$189.36	\$182.22	\$182.22	\$180.34	\$189.36	\$531.00	\$501.50	\$560.50	\$560.50	\$442.50	\$501.50	\$180.34	\$548.70	\$560.50	\$560.50	\$207.39	\$207.39	\$560.50	\$180.34	\$442.50	\$180.34	\$189.36		
Hospital Selected	3200042	X-RAY UPPER GASTROINTESTINAL TRACT, INCLUDING SCOUT ABDOMINAL RADIOGRAPH AND DELAYED IMAGES; SINGLE-CONTRAST STUDY	INP OR OUTPAT	74240	Imaging	\$590.00	\$295.00	\$180.34	\$560.50	\$501.50	\$180.34	\$189.36	\$182.22	\$182.22	\$180.34	\$189.36	\$531.00	\$501.50	\$560.50	\$560.50	\$442.50	\$501.50	\$180.34	\$548.70	\$560.50	\$560.50	\$207.39	\$207.39	\$560.50	\$180.34	\$442.50	\$180.34	\$189.36		
Hospital Selected	3200041	X-RAY LOWER-SCOUT ABDOMINAL DELAYED; DOUBLE CONTRAST STUDY	INP OR OUTPAT	74246	Imaging	\$673.00	\$336.50	\$180.34	\$639.35	\$572.05	\$180.34	\$189.36	\$182.22	\$182.22	\$180.34	\$189.36	\$605.70	\$572.05	\$639.35	\$639.35	\$504.75	\$572.05	\$180.34	\$625.89	\$639.35	\$639.35	\$207.39	\$207.39	\$639.35	\$180.34	\$504.75	\$180.34	\$189.36		
Hospital Selected	3200040	X-RAY SMALL INTESTINE, INCLUDING MULTIPLE SERIAL IMAGES AND SCOUT ABDOMINAL RADIOGRAPH SINGLE CONTRAST	INP OR OUTPAT	74250	Imaging	\$590.00	\$295.00	\$180.34	\$560.50	\$501.50	\$180.34	\$189.36	\$182.22	\$182.22	\$180.34	\$189.36	\$531.00	\$501.50	\$560.50	\$560.50	\$442.50	\$501.50	\$180.34	\$548.70	\$560.50	\$560.50	\$207.39	\$207.39	\$560.50	\$180.34	\$442.50	\$180.34	\$189.36		
Hospital Selected	3200016	X-RAY CHOLANGI/PANCREATOGRAPHY IN-O	INP OR OUTPAT	74300	Imaging	\$684.00	\$342.00	\$18.74	\$649.80	\$581.40	NA	NA	\$18.74	\$18.74	\$18.74	NA	NA	\$615.60	\$581.40	\$649.80	\$649.80	\$513.00	\$581.40	NA	\$636.12	\$649.80	\$649.80	NA	NA	\$649.80	NA	\$513.00	NA	NA	
Hospital Selected	3200125	X-RAY COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, SUPERVISION AND INTERPRETATION	INP OR OUTPAT	74330	Imaging	\$1,023.00	\$511.50	\$46.49	\$971.85	\$869.55	NA	NA	\$46.49	\$46.49	\$46.49	NA	NA	\$920.70	\$869.55	\$971.85	\$971.85	\$767.25	\$869.55	NA	\$951.39	\$971.85	\$971.85	NA	NA	\$971.85	NA	\$767.25	NA	NA	
Hospital Selected	3200072	X-RAY UROGRAPHY RETROGRADE WITH/OUT KUB	INP OR OUTPAT	74420	Imaging	\$1,340.00	\$670.00	\$46.49	\$1,273.00	\$1,139.00	\$368.43	\$386.85	\$46.49	\$46.49	\$46.49	\$368.43	\$386.85	\$1,206.00	\$1,139.00	\$1,273.00	\$1,273.00	\$1,005.00	\$1,139.00	\$368.43	\$1,246.20	\$1,273.00	\$1,273.00	\$423.69	\$423.69	\$1,273.00	\$368.43	\$1,005.00	\$368.43	\$386.85	
Hospital Selected	3500001	CT, heart, without contrast, with quantitative evaluation of coronary calcium	INP OR OUTPAT	75571	Imaging	\$197.00	\$110.00	\$79.81	\$187.15	\$167.45	\$86.88	\$91.22	\$79.81	\$79.81	\$79.81	\$86.88	\$91.22	\$177.30	\$167.45	\$187.15	\$187.15	\$147.75	\$167.45	\$86.88	\$183.21	\$187.15	\$187.15	\$99.91	\$99.91	\$187.15	\$86.88	\$147.75	\$86.88	\$91.22	
Hospital Selected	3500035	CT ANGIOGRAPHY ABDOMINAL AORTA AND BILATERAL ILLFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST	INP OR OUTPAT	75635	Imaging	\$2,698.00	\$5000.00	\$180.34	\$2,563.10	\$2,293.30	\$180.34	\$189.36	\$182.22	\$182.22	\$180.34	\$189.36	\$2,428.20	\$2,293.30	\$2,563.10	\$2,563.10	\$2,023.50	\$2,293.30	\$												

Hospital Selected	402002	ULTRASOUND GUIDANCE NEEDLE PLMT,Supervision and Interpretation	INP OR OUTPAT	76942	Imaging	\$1,112.00	\$556.00	\$25.23	\$1,056.40	\$945.20	NA	NA	\$25.23	\$25.23	\$25.23	NA	NA	\$1,000.80	\$945.20	\$1,056.40	\$1,056.40	\$834.00	\$945.20	NA	\$1,034.16	\$1,056.40	\$1,056.40	NA	NA	\$1,056.40	NA	\$834.00	NA	NA	
Hospital Selected	3500010	CT GUIDANCE F/NEEDLE PLMT SUPERVISION AND INTERPRETATION	INP OR OUTPAT	77012	Imaging	\$2,323.00	\$1,161.50	\$78.20	\$2,206.85	\$1,974.55	NA	NA	\$78.20	\$78.20	\$78.20	NA	NA	\$2,090.70	\$1,974.55	\$2,206.85	\$2,206.85	\$1,742.25	\$1,974.55	NA	\$2,160.39	\$2,206.85	\$2,206.85	NA	NA	\$2,206.85	NA	\$1,742.25	NA	NA	
Hospital Selected	4010024	TOMOSYNTHESIS,DIGITAL BREAST; Unilateral	INP OR OUTPAT	77061	Imaging	\$34.00	\$34.00	\$22.61	\$94.06	\$28.90	\$22.61	\$23.74	\$94.06	\$94.06	\$94.06	\$22.61	\$23.74	\$30.60	\$28.90	\$32.30	\$32.30	\$25.50	\$28.90	\$22.61	\$31.62	\$32.30	\$32.30	\$26.00	\$26.00	\$32.30	\$22.61	\$25.50	\$22.61	\$23.74	
Hospital Selected	4010025	TOMOSYNTHESIS,DIGITAL BREAST; bilateral	INP OR OUTPAT	77062	Imaging	\$66.00	\$66.00	\$22.61	\$94.06	\$56.10	\$22.61	\$23.74	\$94.06	\$94.06	\$22.61	\$23.74	\$59.40	\$56.10	\$62.70	\$62.70	\$49.50	\$56.10	\$22.61	\$61.38	\$62.70	\$62.70	\$26.00	\$26.00	\$62.70	\$22.61	\$49.50	\$22.61	\$23.74		
Hospital Selected	4030012	TOMOSYNTHESIS,SCREEN Bilateral	INP OR OUTPAT	77063	Imaging	\$66.00	\$66.00	\$22.61	\$94.06	\$56.10	\$22.61	\$23.74	\$25.23	\$25.23	\$22.61	\$23.74	\$59.40	\$56.10	\$62.70	\$62.70	\$49.50	\$56.10	\$22.61	\$61.38	\$62.70	\$26.00	\$26.00	\$62.70	\$22.61	\$49.50	\$22.61	\$23.74			
Hospital Selected	3200152	X-RAY DUAL-ENRG,BONE DENSITY 1/1-AXIAL SKELETON	INP OR OUTPAT	77080	Imaging	\$697.00	\$135.00	\$30.63	\$662.15	\$592.45	\$106.88	\$112.22	\$30.63	\$30.63	\$30.63	\$106.88	\$112.22	\$627.30	\$592.45	\$662.15	\$662.15	\$522.75	\$592.45	\$106.88	\$648.21	\$662.15	\$662.15	\$122.91	\$122.91	\$662.15	\$106.88	\$522.75	\$106.88	\$112.22	
Hospital Selected	3410074	LYMPHATICS & LYMPH NODES IMAGE HEPATOBILIARY DUCTAL SYSTEM	INP OR OUTPAT	78195	Imaging	\$1,935.00	\$967.50	\$309.94	\$1,838.25	\$1,644.75	\$504.50	\$529.73	\$309.94	\$309.94	\$309.94	\$504.50	\$529.73	\$1,741.50	\$1,644.75	\$1,838.25	\$1,838.25	\$1,451.25	\$1,644.75	\$504.50	\$1,799.55	\$1,838.25	\$1,838.25	\$580.18	\$580.18	\$1,838.25	\$504.50	\$1,451.25	\$504.50	\$529.73	
Hospital Selected	3410011	IMAGE	INP OR OUTPAT	78226	Imaging	\$1,987.00	\$993.50	\$305.61	\$1,887.65	\$1,688.95	\$388.68	\$408.11	\$305.61	\$305.61	\$305.61	\$388.68	\$408.11	\$1,788.30	\$1,688.95	\$1,887.65	\$1,887.65	\$1,490.25	\$1,688.95	\$388.68	\$1,847.91	\$1,887.65	\$1,887.65	\$446.98	\$446.98	\$1,887.65	\$388.68	\$1,490.25	\$388.68	\$408.11	
Hospital Selected	3410059	HEPATOBILIARY DUCTAL S/WIEF	INP OR OUTPAT	78227	Imaging	\$1,987.00	\$993.50	\$418.05	\$1,887.65	\$1,688.95	\$504.50	\$529.73	\$418.05	\$418.05	\$418.05	\$504.50	\$529.73	\$1,788.30	\$1,688.95	\$1,887.65	\$1,887.65	\$1,490.25	\$1,688.95	\$504.50	\$1,847.91	\$1,887.65	\$1,887.65	\$580.18	\$580.18	\$1,887.65	\$504.50	\$1,490.25	\$504.50	\$529.73	
Hospital Selected	3410010	GASTRIC EMPYING STUDY BONE &/OR JONT IMAGE WHOLE	INP OR OUTPAT	78264	Imaging	\$1,739.00	\$869.50	\$308.13	\$1,652.05	\$1,475.20	\$388.68	\$408.11	\$308.13	\$308.13	\$388.68	\$408.11	\$1,665.10	\$1,475.15	\$1,622.05	\$1,622.05	\$1,304.25	\$1,475.15	\$388.68	\$1,617.27	\$1,622.05	\$1,622.05	\$446.98	\$446.98	\$1,622.05	\$388.68	\$1,304.25	\$388.68	\$408.11		
Hospital Selected	3410006	BODY	INP OR OUTPAT	78306	Imaging	\$1,842.00	\$921.00	\$270.65	\$1,749.90	\$1,565.70	\$388.68	\$408.11	\$270.65	\$270.65	\$388.68	\$408.11	\$1,657.80	\$1,565.70	\$1,749.90	\$1,749.90	\$1,381.50	\$1,565.70	\$388.68	\$1,713.06	\$1,749.90	\$1,749.90	\$446.98	\$446.98	\$1,749.90	\$388.68	\$1,381.50	\$388.68	\$408.11		
Hospital Selected	3410007	BONE &/OR JONT IMAGE 3 PHASE MYOCARDIAL PERFUSION	INP OR OUTPAT	78315	Imaging	\$1,927.00	\$963.50	\$308.49	\$1,830.65	\$1,637.95	\$388.68	\$408.11	\$308.49	\$308.49	\$388.68	\$408.11	\$1,734.30	\$1,637.95	\$1,830.65	\$1,830.65	\$1,445.25	\$1,637.95	\$388.68	\$1,792.11	\$1,830.65	\$1,830.65	\$446.98	\$446.98	\$1,830.65	\$388.68	\$1,445.25	\$388.68	\$408.11		
Hospital Selected	3410018	IMAGING_TOMO,MULTI	INP OR OUTPAT	78452	Imaging	\$4,912.00	\$2,456.00	\$409.40	\$4,666.40	\$4,175.20	\$1,327.27	\$1,393.63	\$409.40	\$409.40	\$409.40	\$1,327.27	\$1,393.63	\$4,420.80	\$4,175.20	\$4,666.40	\$4,666.40	\$3,684.00	\$4,175.20	\$1,327.27	\$4,568.16	\$4,666.40	\$4,666.40	\$1,526.36	\$1,526.36	\$4,666.40	\$1,327.27	\$3,684.00	\$1,327.27	\$1,393.63	
Hospital Selected	4800019	Echocardiography, transthoracic, real-time with image documentation, complete	INP OR OUTPAT	93306	Imaging	\$3,059.00	\$1,529.50	\$135.51	\$2,906.05	\$2,600.15	\$503.13	\$528.29	\$135.51	\$135.51	\$135.51	\$503.13	\$528.29	\$2,753.10	\$2,600.15	\$2,906.05	\$2,906.05	\$2,294.25	\$2,600.15	\$503.13	\$2,844.87	\$2,906.05	\$2,906.05	\$578.60	\$578.60	\$2,906.05	\$503.13	\$2,294.25	\$503.13	\$528.29	
Hospital Selected	4800009	Echocardiography, transthoracic, real-time with image documentation, including probe placement, image acquisition, interp and report	INP OR OUTPAT	93312	Imaging	\$1,663.00	\$831.50	\$139.11	\$1,579.85	\$1,413.55	\$503.13	\$528.29	\$139.11	\$139.11	\$139.11	\$503.13	\$528.29	\$1,496.70	\$1,413.55	\$1,579.85	\$1,579.85	\$1,247.25	\$1,413.55	\$503.13	\$1,546.59	\$1,579.85	\$1,579.85	\$578.60	\$578.60	\$1,579.85	\$503.13	\$1,247.25	\$503.13	\$528.29	
Hospital Selected	9210006	DUPLEX SCAN EXTRACRANIAL ARTERIES; complete bilateral study	INP OR OUTPAT	93880	Imaging	\$1,954.00	\$977.00	\$164.34	\$1,856.30	\$1,660.90	\$233.52	\$245.20	\$164.34	\$164.34	\$164.34	\$233.52	\$245.20	\$1,758.60	\$1,660.90	\$1,856.30	\$1,856.30	\$1,465.50	\$1,660.90	\$233.52	\$1,817.22	\$1,856.30	\$1,856.30	\$268.55	\$268.55	\$1,856.30	\$233.52	\$1,465.50	\$233.52	\$245.20	
Hospital Selected	9210010	VENOUS ULTRASOUND-TRANSUCAN OXIMETRY L/UB	INP OR OUTPAT	93922	Imaging	\$899.00	\$196.50	\$109.03	\$373.35	\$334.05	\$116.11	\$121.92	\$109.03	\$109.03	\$109.03	\$116.11	\$121.92	\$353.70	\$334.05	\$373.35	\$373.35	\$294.75	\$334.05	\$116.11	\$365.49	\$373.35	\$373.35	\$133.53	\$133.53	\$373.35	\$116.11	\$294.75	\$116.11	\$121.92	
Hospital Selected	9210002	Duplex scan of joint image 3 phase arterial bypass grafts; complete bilateral study	INP OR OUTPAT	93925	Imaging	\$749.00	\$384.00	\$220.92	\$729.60	\$652.80	\$233.52	\$245.20	\$220.92	\$220.92	\$233.52	\$245.20	\$691.20	\$652.80	\$729.60	\$729.60	\$576.00	\$652.80	\$233.52	\$714.24	\$729.60	\$729.60	\$268.55	\$268.55	\$729.60	\$233.52	\$576.00	\$233.52	\$245.20		
Hospital Selected	9210001	DUPLEX SCAN LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY	INP OR OUTPAT	93926	Imaging	\$768.00	\$384.00	\$106.88	\$729.60	\$652.80	\$106.88	\$112.22	\$112.22	\$112.22	\$112.22	\$106.88	\$112.22	\$691.20	\$652.80	\$729.60	\$729.60	\$576.00	\$652.80	\$106.88	\$714.24	\$729.60	\$729.60	\$122.91	\$122.91	\$729.60	\$106.88	\$576.00	\$106.88	\$112.22	
Hospital Selected	9210010	DUPLEX SCAN UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS;UNILATERAL OR LIMITED STUDY	INP OR OUTPAT	93931	Imaging	\$638.00	\$319.00	\$105.59	\$606.10	\$542.30	\$106.88	\$112.22	\$105.59	\$105.59	\$105.59	\$106.88	\$112.22	\$574.20	\$542.30	\$606.10	\$606.10	\$478.50	\$542.30	\$106.88	\$593.34	\$606.10	\$606.10	\$122.91	\$122.91	\$606.10	\$106.88	\$478.50	\$106.88	\$112.22	
Hospital Selected	9210005	DUPLEX SCAN EXT-UNILATERAL	INP OR OUTPAT	93970	Imaging	\$877.00	\$438.50	\$163.62	\$833.15	\$745.45	\$233.52	\$245.20	\$163.62	\$163.62	\$163.62	\$233.52	\$245.20	\$789.30	\$745.45	\$833.15	\$833.15	\$657.75	\$745.45	\$233.52	\$815.61	\$833.15	\$833.15	\$268.55	\$268.55	\$833.15	\$233.52	\$657.75	\$233.52	\$245.20	
Hospital Selected	9210007	DUPLEX SCAN EXT-UNILATERAL/LIMITED	INP OR OUTPAT	93971	Imaging	\$768.00	\$384.00	\$100.19	\$729.60	\$652.80	\$106.88	\$112.22	\$100.19	\$100.19	\$100.19	\$106.88	\$112.22	\$691.20	\$652.80	\$729.60	\$729.60	\$576.00	\$652.80	\$106.88	\$714.24	\$729.60	\$729.60	\$122.91	\$122.91	\$729.60	\$106.88	\$576.00	\$106.88	\$112.22	
Hospital Selected	4020031	ULTRASOUND, Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	INP OR OUTPAT	93975	Imaging	\$1,022.00	\$511.00	\$224.88	\$970.90	\$868.70	\$233.52	\$245.20	\$224.88	\$224.88	\$224.88	\$233.52	\$245.20	\$919.80	\$868.70	\$970.90	\$970.90	\$766.50	\$868.70	\$233.52	\$950.46	\$970.90	\$970.90	\$268.55	\$268.55	\$970.90	\$233.52	\$766.50	\$233.52	\$245.20	
Hospital Selected	3000005	COLLECTION OF BLD/VENIPUNCTURE	INP OR OUTPAT	36415	Lab	\$31.00	\$100.00	\$8.57	\$29.45	\$26.35	\$8.57	\$9.00	\$27.90	\$27.90	\$25.11	\$8.57	\$9.00	\$27.90	\$26.35	\$29.45	\$29.45	\$23.25	\$26.35	\$8.57	\$28.83	\$29.45	\$29.45	\$9.86	\$9.86	\$29.45	\$8.57	\$23.25	\$8.57	\$9.00	
Hospital Selected	3910001	CONFECTION OF BLD/BLD COMPONENTS	INP OR OUTPAT	36430	Lab	\$1,799.00	\$899.50	\$35.01	\$1,709.05	\$1,529.15	\$407.75	\$428.14	\$35.01	\$35.01	\$35.01	\$407.75	\$428.14	\$1,618.10	\$1,529.15	\$1,709.05	\$1,709.05	\$1,349.25	\$1,529.15	\$407.75	\$1,673.07	\$1,709.05	\$1,709.05	\$468.91	\$468.91	\$1,709.05	\$407.75	\$1,349.25	\$407.75	\$428.14	
Hospital Selected	3000080	GENERAL HEALTH PANEL	INP OR OUTPAT	80050	Lab	\$317.00	\$158.50	\$35.32	\$301.15	\$269.45	NA	NA	\$35.32	\$35.32	\$35.32	NA	NA	\$285.30	\$269.45	\$301.15	\$301.15	\$237.25	\$269.45	NA	\$294.81	\$301.15	\$301.15	NA	NA	\$301.15	NA	\$237.25	NA	NA	
Hospital Selected	3000000	ACUTE HEPATITIS PANEL	INP OR OUTPAT	80074	Lab	\$419.00	\$209.50	\$47.63	\$398.05	\$356.15	\$47.63	\$50.01	\$47.63	\$47.63	\$50.01	\$47.63	\$50.01	\$377.10	\$356.15	\$398.05	\$398.05	\$314.25	\$356.15	\$47.63	\$389.67	\$398.05	\$398.05	\$54.77	\$54.77	\$398.05	\$47.63	\$314.25	\$47.63	\$50.01	
Hospital Selected	3000061	DIPROPLACTIC(VALPROIC);TTL	INP OR OUTPAT	80164	Lab	\$218.00	\$78.50	\$13.54	\$149.15	\$133.45	\$13.54	\$14.22	\$13.54	\$13.54	\$13.54	\$14.22	\$141.30	\$133.45	\$149.15	\$149.15	\$149.15	\$149.15	\$117.75	\$133.45	\$13.54	\$146.01	\$149.15	\$149.15	\$15.57	\$15.57	\$149.15	\$13.54	\$117.75	\$13.54	\$14.22
Hospital Selected	3000062	VAMC/MYCN	INP OR OUTPAT	80262	Lab	\$157.00	\$109.00	\$13.54	\$207.10	\$185.30	\$13.54	\$14.22	\$13.54	\$13.54	\$13.54	\$14.22	\$136.20	\$185.30	\$207.10	\$207.10	\$163.50	\$185.30	\$13.54	\$202.74	\$207.10	\$207.10	\$15.57	\$15.57	\$207.10	\$13.54	\$163.50	\$13.54	\$14.22		
Hospital Selected	3001062																																		

Hospital Selected	410002	VITAL CAPACITY TOTAL PEAK FLOW	INP OR OUTPAT	94150	Respiratory	\$400.00	\$200.00	\$138.35	\$380.00	\$340.00	\$145.43	\$152.70	\$138.35	\$138.35	\$138.35	\$145.43	\$152.70	\$360.00	\$340.00	\$380.00	\$380.00	\$300.00	\$340.00	\$145.43	\$372.00	\$380.00	\$380.00	\$167.24	\$167.24	\$380.00	\$145.43	\$300.00	\$145.43	\$152.70		
Hospital Selected	410025	INHALATION TITRATED PEEP INITIAL	INP OR OUTPAT	94660	Respiratory	\$563.00	\$281.50	\$183.86	\$533.80	\$477.70	\$191.50	\$201.08	\$183.86	\$183.86	\$183.86	\$191.50	\$201.08	\$201.08	\$505.80	\$477.70	\$533.80	\$533.80	\$421.50	\$477.70	\$191.50	\$522.66	\$533.80	\$533.80	\$220.23	\$220.23	\$533.80	\$191.50	\$421.50	\$191.50	\$201.08	
Hospital Selected	400009	BIPAP	INP OR OUTPAT	94660	Respiratory	\$545.00	\$272.50	\$183.86	\$517.75	\$463.25	\$191.50	\$201.08	\$183.86	\$183.86	\$191.50	\$201.08	\$201.08	\$490.50	\$463.25	\$517.75	\$517.75	\$408.75	\$463.25	\$506.85	\$517.75	\$517.75	\$220.23	\$220.23	\$517.75	\$191.50	\$408.75	\$191.50	\$201.08	\$191.50	\$201.08	
Hospital Selected	410004	MANIP CHEST WALL-CPT/PO	INP OR OUTPAT	94667	Respiratory	\$196.00	\$98.00	\$109.03	\$186.40	\$166.60	\$116.11	\$121.92	\$109.03	\$109.03	\$109.03	\$116.11	\$121.92	\$116.40	\$116.40	\$176.40	\$166.60	\$186.20	\$186.20	\$147.00	\$166.60	\$116.11	\$182.28	\$186.20	\$186.20	\$133.53	\$133.53	\$186.20	\$116.11	\$147.00	\$116.11	\$121.92
Hospital Selected	410014	THORACIC GAS VLM/RESIT TO AF	INP OR OUTPAT	94726	Respiratory	\$741.00	\$370.50	\$253.10	\$703.95	\$629.85	\$280.06	\$294.06	\$253.10	\$253.10	\$280.06	\$294.06	\$294.06	\$666.90	\$666.90	\$703.95	\$703.95	\$555.75	\$629.85	\$780.06	\$689.13	\$703.95	\$703.95	\$322.07	\$322.07	\$703.95	\$280.06	\$555.75	\$280.06	\$294.06	\$294.06	
Hospital Selected	410007	LV: DET MAN- DISTRIB/INSPRD GAS	INP OR OUTPAT	94727	Respiratory	\$446.00	\$223.00	\$138.35	\$423.70	\$379.10	\$152.70	\$138.35	\$138.35	\$138.35	\$152.70	\$138.35	\$138.35	\$401.40	\$379.10	\$423.70	\$423.70	\$334.50	\$379.10	\$441.78	\$423.70	\$423.70	\$334.50	\$334.50	\$423.70	\$167.24	\$167.24	\$423.70	\$138.35	\$334.50	\$138.35	\$152.70
Hospital Selected	410017	DIFFUSING PCTY(CM,MMBR) DLGG	INP OR OUTPAT	94729	Respiratory	\$1122.00	\$61.00	\$46.85	\$1103.70	NA	\$109.80	\$103.70	\$115.90	\$115.90	\$91.50	\$103.70	NA	\$113.46	\$115.90	\$115.90	NA	NA	\$423.70	NA	\$91.50	NA	NA	NA								
Hospital Selected	920022	HOME SLEEP STDY/W/SLEEP TIME	OUTPAT	95800	Respiratory	\$680.00	\$340.00	\$129.38	\$646.00	\$578.00	\$145.43	\$152.70	\$129.38	\$129.38	\$129.38	\$145.43	\$152.70	\$612.00	\$578.00	\$646.00	\$646.00	\$510.00	\$578.00	\$145.43	\$632.40	\$646.00	\$646.00	\$167.24	\$167.24	\$646.00	\$145.43	\$510.00	\$145.43	\$152.70	\$152.70	
Hospital Selected	740008	EG-REC AWAKE & ASLEEP W/D	INP OR OUTPAT	95819	Respiratory	\$657.00	\$328.50	\$280.06	\$624.15	\$558.45	\$280.06	\$294.06	\$375.89	\$375.89	\$375.89	\$375.89	\$375.89	\$375.89	\$591.30	\$558.45	\$624.15	\$624.15	\$492.75	\$558.45	\$280.06	\$611.01	\$624.15	\$624.15	\$322.07	\$322.07	\$624.15	\$280.06	\$492.75	\$280.06	\$294.06	
Hospital Selected	4421001	DISORDER/INDIVIDUAL	INP OR OUTPAT	92507	Therapy	\$233.00	\$116.50	\$73.51	\$221.35	\$198.05	\$73.51	\$77.19	\$80.37	\$80.37	\$80.37	\$73.51	\$77.19	\$209.70	\$198.05	\$221.35	\$221.35	\$174.75	\$198.05	\$73.51	\$216.69	\$221.35	\$221.35	\$84.54	\$84.54	\$221.35	\$73.51	\$174.75	\$73.51	\$77.19	\$77.19	
Hospital Selected	4441006	EVALUATION OF SPEECH SOUND; WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION	INP OR OUTPAT	92523	Therapy	\$550.00	\$275.00	\$199.66	\$522.50	\$467.50	\$218.97	\$229.92	\$199.66	\$199.66	\$199.66	\$218.97	\$229.92	\$495.00	\$467.50	\$522.50	\$522.50	\$412.50	\$467.50	\$218.97	\$511.50	\$522.50	\$522.50	\$251.82	\$251.82	\$522.50	\$218.97	\$412.50	\$218.97	\$229.92	\$229.92	
Hospital Selected	4441007	BEHAVIOR/QUALITATIVE ANALYSIS OF VOICE & RESONANCE	INP OR OUTPAT	92524	Therapy	\$265.00	\$132.50	\$90.46	\$251.75	\$225.25	\$105.43	\$110.70	\$90.46	\$90.46	\$90.46	\$105.43	\$110.70	\$335.00	\$225.25	\$251.75	\$251.75	\$198.75	\$225.25	\$105.43	\$246.45	\$251.75	\$251.75	\$121.24	\$121.24	\$251.75	\$105.43	\$198.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4421002	TREATMENT OR SWALLOWING DYSFUNCTION AND/OR ORAL	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.70	
Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92526	Therapy	\$253.00	\$126.50	\$87.94	\$240.35	\$215.05	\$105.43	\$110.70	\$87.94	\$87.94	\$87.94	\$105.43	\$110.70	\$227.70	\$215.05	\$240.35	\$240.35	\$189.75	\$215.05	\$105.43	\$235.29	\$240.35	\$240.35	\$121.24	\$121.24	\$240.35	\$105.43	\$189.75	\$105.43	\$110.70	\$110.7	