

Medicare CPT/HCPCS & Notes	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	AETNA-ADVANTAGE	ALLWELL-ADVANTAGE	BCBS-ADVANTAGE	CHRISTUS HEALTH EXCHANGE	CIGNA	COVENTRY	GALAXY	HEALTHSHIRT	HUMANA-RENEWAL	HUMANA-COMMERCIAL	HUMANA-ADVANTAGE	INDEPENDENCE-MEDICAL SYSTEMS	MULTIPLAN	OMNI	PPHP	TEXAS HEALTH	TEXAS INDEPENDENCE	THREE RIVERS	TROWEST	UNITED HEALTHCARE-RE-COMMERCIAL	UNITED HEALTHCARE-RE-ADVANTAGE	WELL-CARE					
CMS Selected		7500003= case rate	EGD	INP or OUTPAT	4325	Endoscopy	2,825.00	1,412.50	785.92	2,083.75	2,401.25	825.51	866.79	785.92	785.92	831.04	872.59	763.88	763.88	763.88	831.04	872.59	3,564.00	3,366.00	3,762.00	3,762.00	2,118.75	2,118.75	2,118.75	2,118.75	2,118.75	2,118.75	825.51	2,118.75	825.51	866.79		
CMS Selected		7500002= case rate	COLONOSCOPY	INP or OUTPAT	45378	Endoscopy	3,960.00	1,980.00	763.88	3,762.00	3,366.00	831.04	872.59	763.88	763.88	831.04	872.59	763.88	763.88	763.88	831.04	872.59	3,564.00	3,366.00	3,762.00	3,762.00	2,118.75	2,118.75	2,118.75	2,118.75	2,118.75	2,118.75	2,118.75	2,118.75	825.51	2,118.75	825.51	866.79
G0463	CMS Selected	5100002	NEW PATIENT 9203 VISIT CHARGE	OUTPAT	9203	Guadalupe Clinic	175.00	87.50	77.48	166.25	148.75	120.86	126.90	77.48	77.48	77.48	120.86	126.90	157.50	148.75	166.25	166.25	131.25	148.75	120.86	162.75	166.25	166.25	138.99	138.99	166.25	120.86	131.25	120.86	126.90			
G0463	CMS Selected	5100003	NEW PATIENT 9204 VISIT CHARGE	OUTPAT	9204	Guadalupe Clinic	189.00	94.50	120.86	179.55	160.65	120.86	126.90	131.18	131.18	131.18	120.86	126.90	170.10	160.65	179.55	179.55	141.75	160.65	120.86	175.77	179.55	179.55	138.99	138.99	179.55	120.86	141.75	120.86	126.90			
G0463	CMS Selected	5100004	NEW PATIENT 9205 VISIT CHARGE	OUTPAT	9205	Guadalupe Clinic	217.00	108.50	120.86	206.15	184.45	120.86	126.90	121.19	121.19	121.19	120.86	126.90	195.30	184.45	206.15	206.15	162.75	184.45	120.86	201.81	206.15	206.15	138.99	138.99	206.15	120.86	162.75	120.86	126.90			
CMS Selected		9140005	Psychotherapy, 30 minutes with patient	OUTPAT	90832	Heritage Program	402.00	201.00	145.70	381.90	341.70	145.70	152.99	361.80	361.80	325.62	145.70	152.99	361.80	341.70	381.90	381.90	301.50	341.70	145.70	373.86	381.90	381.90	167.56	167.56	381.90	145.70	301.50	145.70	152.99			
CMS Selected		9140004	Psychotherapy, 45 minutes with patient	OUTPAT	90834	Heritage Program	593.00	296.50	145.70	563.35	504.05	145.70	152.99	533.70	533.70	480.33	145.70	152.99	533.70	504.05	563.35	563.35	444.75	504.05	145.70	551.49	563.35	563.35	167.56	167.56	563.35	145.70	444.75	145.70	152.99			
CMS Selected		9140008	Psychotherapy, 60 minutes with patient	OUTPAT	90837	Heritage Program	593.00	296.50	145.70	563.35	504.05	145.70	152.99	533.70	533.70	480.33	145.70	152.99	533.70	504.05	563.35	563.35	444.75	504.05	145.70	551.49	563.35	563.35	167.56	167.56	563.35	145.70	444.75	145.70	152.99			
CMS Selected		9150002	GROUP PSYCHOTHER INITIAL	OUTPAT	90853	Heritage Program	481.00	240.50	75.85	456.95	408.85	75.85	79.64	432.90	432.90	389.61	75.85	79.64	432.90	408.85	456.95	456.95	380.75	408.85	75.85	447.33	456.95	456.95	87.23	87.23	456.95	75.85	380.75	75.85	79.64			
CMS Selected		3510003	CT HEAD/BRAIN without contrast	INP or OUTPAT	70450	Imaging	1,780.00	450.00	106.88	1,691.00	1,513.00	106.88	112.22	112.08	112.08	112.08	106.88	112.22	1,602.00	1,513.00	1,691.00	1,691.00	1,335.00	1,513.00	106.88	1,655.40	1,691.00	1,691.00	122.91	122.91	1,691.00	106.88	1,335.00	106.88	112.22			
CMS Selected		6110001	MRI BRAIN W/O contrast followed by contrast and further sequences	INP or OUTPAT	70553	Imaging	4,329.00	850.00	368.43	4,112.55	3,679.65	368.43	386.85	381.85	381.85	381.85	368.43	386.85	3,896.10	3,679.65	4,112.55	4,112.55	3,246.75	3,679.65	368.43	4,025.97	4,112.55	4,112.55	423.69	423.69	4,112.55	368.43	3,246.75	368.43	386.85			
CMS Selected		3200094	SPINE LUMBAR/SACRAL MIN 4 VIEWS	INP or OUTPAT	72110	Imaging	522.00	135.00	106.88	495.90	443.70	106.88	112.22	112.08	112.08	112.08	106.88	112.22	469.80	443.70	495.90	495.90	391.50	443.70	106.88	485.46	495.90	495.90	122.91	122.91	495.90	106.88	391.50	106.88	112.22			
CMS Selected		6120006	MRI SPINAL CANAL	INP or OUTPAT	72148	Imaging	2,837.00	700.00	233.04	2,695.15	2,411.45	233.52	245.20	233.04	233.04	233.04	233.52	245.20	2,553.30	2,411.45	2,695.15	2,695.15	2,127.75	2,411.45	233.52	2,638.41	2,695.15	2,695.15	268.55	268.55	2,695.15	233.52	2,127.75	233.52	245.20			
CMS Selected		3500018	LUMBAR without contrast CT PELVIS with contrast	INP or OUTPAT	72193	Imaging	2,416.00	500.00	180.34	2,235.60	2,053.60	180.34	189.36	182.22	182.22	182.22	180.34	189.36	2,174.40	2,053.60	2,235.60	2,235.60	1,812.00	2,053.60	180.34	2,246.88	2,235.60	2,235.60	207.39	207.39	2,235.60	180.34	1,812.00	180.34	189.36			
CMS Selected		6100022	MRI LOWER EXTREMITY ANV JOINT without contrast	INP or OUTPAT	73721	Imaging	2,837.00	700.00	233.04	2,695.15	2,411.45	233.52	245.20	233.04	233.04	233.04	233.52	245.20	2,553.30	2,411.45	2,695.15	2,695.15	2,127.75	2,411.45	233.52	2,638.41	2,695.15	2,695.15	268.55	268.55	2,695.15	233.52	2,127.75	233.52	245.20			
CMS Selected		3500062	CT ABDOMEN & PELVIS with contrast	INP or OUTPAT	74177	Imaging	3,216.00	500.00	368.43	3,055.20	2,733.60	368.43	386.85	381.85	381.85	381.85	368.43	386.85	2,894.40	2,733.60	3,055.20	3,055.20	2,412.00	2,733.60	368.43	2,990.88	3,055.20	3,055.20	423.69	423.69	3,055.20	368.43	2,412.00	368.43	386.85			
CMS Selected		4020003	US ABDOMINAL COMPLETE	INP or OUTPAT	76700	Imaging	783.00	391.50	106.88	743.85	665.55	106.88	112.22	112.08	112.08	112.08	106.88	112.22	704.70	665.55	743.85	743.85	587.25	665.55	106.88	738.19	743.85	743.85	122.91	122.91	743.85	106.88	587.25	106.88	112.22			
CMS Selected		4020018	US PREGNANT UTERUS single or first gestation	INP or OUTPAT	76805	Imaging	801.00	400.50	91.54	760.95	680.85	106.88	112.22	91.54	91.54	91.54	106.88	112.22	720.90	680.85	760.95	760.95	600.75	680.85	106.88	744.93	760.95	760.95	122.91	122.91	760.95	106.88	600.75	106.88	112.22			
CMS Selected		4020027	ULTRASOUND TRANSVAGINAL	INP or OUTPAT	76830	Imaging	679.00	339.50	88.30	645.05	577.15	106.88	112.22	88.30	88.30	88.30	106.88	112.22	611.10	577.15	645.05	645.05	509.25	577.15	106.88	631.47	645.05	645.05	122.91	122.91	645.05	106.88	509.25	106.88	112.22			
84.28	CMS Selected	4010014	MAMMO DIGITAL UNILAT BIL ALA L V	INP or OUTPAT	77065	Imaging	410.00	208.80	84.28	389.50	348.50	84.28	88.49	94.06	94.06	94.06	84.28	88.49	369.00	348.50	389.50	389.50	307.50	348.50	84.28	381.30	389.50	389.50	96.92	96.92	389.50	84.28	307.50	84.28	88.49			
107.46	CMS Selected	4010015	MAMMO DIGITAL BILATERAL ALA L V	INP or OUTPAT	77066	Imaging	435.00	218.40	107.46	413.25	369.75	107.46	112.83	120.37	120.37	120.37	107.46	112.83	391.50	369.75	413.25	413.25	326.25	369.75	107.46	404.55	413.25	413.25	123.58	123.58	413.25	107.46	326.25	107.46	112.83			
89.11	CMS Selected	4030006	MAMMO DIGITAL SCREENING ALA L V	INP or OUTPAT	77067	Imaging	258.00	145.00	89.11	245.10	219.30	89.11	93.57	99.47	99.47	99.47	89.11	93.57	232.20	219.30	245.10	245.10	193.50	219.30	89.11	239.94	245.10	245.10	102.48	102.48	245.10	89.11	193.50	89.11	93.57			
LAB FS	CMS Selected	3000013	BASIC METABOLIC PNL CALCIUM T	INP or OUTPAT	80048	Lab	236.00	118.00	8.46	224.20	200.60	8.46	8.88	8.46	8.46	8.46	8.88	212.40	200.60	224.20	224.20	177.00	200.60	8.46	219.48	224.20	224.20	9.73	224.20	8.46	177.00	8.46	8.88					
LAB FS	CMS Selected	3000017	COMPREHENSIVE METABOLIC PANEL	INP or OUTPAT	80053	Lab	270.00	34.00	10.56	256.50	229.50	10.56	11.09	10.56	10.56	10.56	11.09	243.00	229.50	256.50	256.50	202.50	256.50	10.56	251.10	256.50	256.50	12.14	12.14	256.50	10.56	202.50	10.56	11.09				
LAB FS	CMS Selected	3000098	OBSTETRIC PANEL	INP or OUTPAT	80055	Lab	238.00	119.00	47.81	202.30	177.50	47.81	50.20	47.81	47.81	47.81	50.20	214.20	202.30	226.10	226.10	178.50	202.30	47.81	221.34	226.10	226.10	54.98	54.98	226.10	47.81	178.50	47.81	50.20				
LAB FS	CMS Selected	3000041	LIPID PANEL	INP or OUTPAT	80061	Lab	333.00	24.00	13.39	316.35	283.05	13.39	14.06	13.39	13.39	13.39	14.06	299.70	283.05	316.35	316.35	249.75	283.05	13.39	309.69	316.35	316.35	15.40	15.40	316.35	13.39	249.75	13.39	14.06				
LAB FS	CMS Selected	3010044	RENAL FUNCTION PANEL	INP or OUTPAT	80069	Lab	251.00	125.50	8.68	238.45	213.35	8.68	9.11	8.68	8.68	9.11	225.90	213.35	238.45	238.45	188.25	213.35	8.68	233.43	238.45	238.45	9.98	9.98	238.45	8.68	188.25	8.68	9.11					
LAB FS	CMS Selected	3000038	HEPATIC FUNCTION PANEL	INP or OUTPAT	80076	Lab	294.00	147.00	8.17	279.30	249.90	8.17	8.58	8.17	8.17	8.17	8.58	264.60	249.90	279.30	279.30	220.50	249.90	8.17	273.42	279												

	CMS Selected	CASE RATE	REMOVAL OF TONSILS AND ADENOID GLANDS PATIENT YOUNGER THAN AGE 12	INP or OUTPAT	42820	Medicine and Surgery Services	8,610.00	4,305.00	4,850.53	8,179.50	7,318.50	5,339.67	5,606.65	4,850.53	4,850.53	4,850.53	5,339.67	5,606.65	7,749.00	7,318.50	8,179.50	8,179.50	6,457.50	7,318.50	5,339.67	8,007.30	8,179.50	8,179.50	6,140.62	6,140.62	8,179.50	5,339.67	6,457.50	5,339.67	5,606.65	
	CMS Selected	CASE RATE	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	INP or OUTPAT	43239	Medicine and Surgery Services	3,665.00	1,832.50	785.92	3,481.75	3,115.25	825.51	866.79	785.92	785.92	825.51	866.79	3,298.50	3,115.25	3,481.75	3,481.75	2,748.75	3,115.25	825.51	3,408.45	3,481.75	3,481.75	949.34	949.34	3,481.75	825.51	2,748.75	825.51	866.79		
	CMS Selected	CASE RATE	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE	INP or OUTPAT	45380	Medicine and Surgery Services	3,850.00	1,925.00	1,004.22	3,657.50	3,272.50	1,082.91	1,137.06	1,004.22	1,004.22	1,004.22	1,082.91	1,137.06	3,465.00	3,272.50	3,657.50	3,657.50	2,887.50	3,272.50	1,082.91	3,880.50	3,657.50	3,657.50	1,245.35	1,245.35	3,657.50	1,082.91	2,887.50	1,082.91	1,137.06	
	CMS Selected	CASE RATE	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE	INP or OUTPAT	45385	Medicine and Surgery Services	3,700.00	1,850.00	1,004.22	3,515.00	3,145.00	1,082.91	1,137.06	1,004.22	1,004.22	1,004.22	1,082.91	1,137.06	3,330.00	3,145.00	3,515.00	3,515.00	2,775.00	3,145.00	1,082.91	3,441.00	3,515.00	3,515.00	1,245.35	1,245.35	3,515.00	1,082.91	2,775.00	1,082.91	1,137.06	
	CMS Selected	CASE RATE	ULTRASONIC EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	INP or OUTPAT	45391	Medicine and Surgery Services	2,585.00	1,292.50	1,004.22	2,455.75	2,197.25	1,082.91	1,137.06	1,004.22	1,004.22	1,004.22	1,082.91	1,137.06	2,326.50	2,197.25	2,455.75	2,455.75	1,938.75	2,197.25	1,082.91	2,404.05	2,455.75	2,455.75	1,245.35	1,245.35	2,455.75	1,082.91	1,938.75	1,082.91	1,137.06	
	CMS Selected	CASE RATE	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE	INP or OUTPAT	47562	Medicine and Surgery Services	18,886.00	9,443.00	4,833.71	17,941.70	16,053.10	5,212.15	5,472.76	4,833.71	4,833.71	4,833.71	5,212.15	5,472.76	16,997.40	16,053.10	17,941.70	17,941.70	14,164.50	16,053.10	5,212.15	17,563.98	17,941.70	17,941.70	5,993.97	5,993.97	17,941.70	5,212.15	14,164.50	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	15,345.00	7,672.50	3,109.34	14,577.75	13,043.25	3,541.93	3,719.03	3,109.34	3,109.34	3,109.34	3,541.93	3,719.03	13,810.50	13,043.25	14,577.75	14,577.75	11,508.75	13,043.25	3,541.93	14,270.85	14,577.75	14,577.75	4,073.22	4,073.22	14,577.75	3,541.93	11,508.75	3,541.93	3,719.03	
	CMS Selected	CASE RATE	BIOPSY OF PROSTATE GLAND	INP or OUTPAT	55700	Medicine and Surgery Services	7,228.00	3,614.00	1,771.55	6,866.60	6,143.80	1,854.88	1,947.62	1,771.55	1,771.55	1,771.55	1,854.88	1,947.62	6,505.20	6,143.80	6,866.60	6,866.60	5,421.00	6,143.80	1,854.88	6,722.04	6,866.60	6,866.60	2,133.11	2,133.11	6,866.60	1,854.88	5,421.00	1,854.88	1,947.62	
	CMS Selected	CASE RATE	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE	INP or OUTPAT	55866	Medicine and Surgery Services	21,852.00	10,926.00	8,413.11	20,759.40	18,574.20	9,087.30	9,541.67	8,413.11	8,413.11	8,413.11	9,087.30	9,541.67	19,666.80	18,574.20	20,759.40	20,759.40	16,389.00	18,574.20	9,087.30	20,322.36	20,759.40	20,759.40	10,450.40	10,450.40	20,759.40	9,087.30	16,389.00	9,087.30	9,541.67	
59409 for MCR = 2,595.19	CMS Selected	CASE RATE	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY, INCLUDING PRE- AND POST- DELIVERY CARE	INPAT	59400	Medicine and Surgery Services	8,070.00	2,800.00	2,177.84	7,666.50	6,859.50	2,595.19	2,724.95	2,177.84	2,177.84	2,177.84	2,595.19	2,724.95	7,263.00	6,859.50	7,666.50	7,666.50	6,052.50	6,859.50	2,595.19	7,505.10	7,666.50	7,666.50	2,984.47	2,984.47	7,666.50	2,595.19	6,052.50	2,595.19	2,724.95	
DRG 788 = 4,787.02	CMS Selected	CASE RATE	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE- AND POST- DELIVERY CARE	INPAT	59510	Medicine and Surgery Services	16,489.00	4,200.00	2,414.62	15,664.55	14,015.65	4,787.02	5,026.37	2,414.62	2,414.62	2,414.62	4,787.02	5,026.37	14,840.10	14,015.65	15,664.55	15,664.55	13,366.75	14,015.65	4,787.02	15,334.77	15,664.55	15,664.55	5,505.07	5,505.07	15,664.55	4,787.02	13,366.75	4,787.02	5,026.37	
59612 for MCR = 2,595.19	CMS Selected	CASE RATE	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE- AND POST- DELIVERY CARE	INPAT	59610	Medicine and Surgery Services	8,070.00	2,800.00	2,285.24	7,666.50	6,859.50	2,595.19	2,724.95	2,285.24	2,285.24	2,285.24	2,595.19	2,724.95	7,263.00	6,859.50	7,666.50	7,666.50	6,052.50	6,859.50	2,595.19	7,505.10	7,666.50	7,666.50	2,984.47	2,984.47	7,666.50	2,595.19	6,052.50	2,595.19	2,724.95	
	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	2,470.00	1,235.00	625.05	2,346.50	2,099.50	644.34	676.56	625.05	625.05	625.05	644.34	676.56	2,223.00	2,099.50	2,346.50	2,346.50	1,852.50	2,099.50	644.34	2,297.10	2,346.50	2,346.50	740.99	740.99	2,346.50	644.34	1,852.50	644.34	676.56	
	CMS Selected	CASE RATE	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO LOWER OR SACRAL SPINE NERVE ROOT USING IMAGING GUIDANCE	INP or OUTPAT	64483	Medicine and Surgery Services	2,430.00	1,215.00	812.05	2,308.50	2,065.50	852.18	894.79	812.05	812.05	812.05	852.18	894.79	2,187.00	2,065.50	2,308.50	2,308.50	1,822.50	2,065.50	852.18	2,259.90	2,308.50	2,308.50	980.01	980.01	2,308.50	852.18	1,822.50	852.18	894.79	
	CMS Selected	CASE RATE	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING LASER	OUTPAT	66821	Medicine and Surgery Services	1,666.00	833.00	506.93	1,582.70	1,416.10	530.77	557.31	506.93	506.93	530.77	557.31	1,499.40	1,416.10	1,582.70	1,582.70	1,249.50	1,416.10	530.77	1,549.38	1,582.70	1,582.70	610.39	610.39	1,582.70	530.77	1,249.50	530.77	557.31		
	CMS Selected	CASE RATE	REMOVAL OF CATARACT WITH INSERTION OF LENS	OUTPAT	66984	Medicine and Surgery Services	10,705.00	5,352.50	2,021.86	10,169.75	9,099.25	2,159.44	2,267.41	2,021.86	2,021.86	2,021.86	2,159.44	2,267.41	9,634.50	9,099.25	10,169.75	10,169.75	8,028.75	9,099.25	2,159.44	9,855.65	10,169.75	10,169.75	2,483.36	2,483.36	10,169.75	2,159.44	8,028.75	2,159.44	2,267.41	
Not Performed at GRMC	CMS Selected	NA	FAMILY PSYCHOTHERAPY, not including patient, 50min	Not Performed at GRMC	90846	Medicine and Surgery Services																														
Not Performed at GRMC	CMS Selected	NA	FAMILY PSYCHOTHERAPY, including patient, 50min	Not Performed at GRMC	90847	Medicine and Surgery Services																														
Both 93005=52.76 & 93010=7.95, Total =60.71	CMS Selected	CASE RATE	ELECTROCARDIOGRAM, RITUAL, without interpretation and report	INP or OUTPAT	93000	Medicine and Surgery Services	373.00	90.00	17.30	354.35	317.05	60.71	63.75	17.30	17.30	17.30	60.71	63.75	335.70	317.05	354.35	354.35	279.75	317.05	60.71	346.89	354.35	354.35	69.82	69.82	354.35	60.71	279.75	60.71	63.75	
	CMS Selected	CASE RATE	INSERTION OF CATHETER INTO LEFT HEART FOR DIAGNOSIS	INP or OUTPAT	93452	Medicine and Surgery Services	12,495.00	6,247.50	2,849.95	11,870.25	10,620.75	2,958.46	3,106.38	2,849.95	2,849.95	2,849.95	2,958.46	3,106.38	11,245.50	10,620.75	11,870.25	11,870.25	9,371.25	10,620.75	2,958.46	11,620.35	11,870.25	11,870.25	3,402.23	3,402.23	11,870.25	2,958.46	9,371.25	2,958.46	3,106.38	
MCR does not pay for Consult codes	CMS Selected	CASE RATE	PATIENT OFFICE CONSULTATION, Typically 40min	INP or OUTPAT	99243	Medicine and Surgery Services	375.00	187.50	0.00	356.25	318.75	0.00	0.00	0.00	97.31	97.31	97.31	0.00	0.00	337.50	318.75	356.25	356.25	281.25	318.75	0.00	348.75	356.25	356.25	0.00	0.00	356.25	0.00	281.25	0.00	0.00
MCR does not pay for Consult codes	CMS Selected	CASE RATE	PATIENT OFFICE CONSULTATION, Typically 60min	INP or OUTPAT	99244	Medicine and Surgery Services	544.00	272.00	0.00	516.80	462.40	0.00	0.00	0.00	156.41	156.41	156.41	0.00	0.00	489.60	462.40	516.80	516.80	408.00	462.40	0.00	505.92	516.80	516.80	0.00	0.00	516.80	0.00	408.00	0.00	0.00
Not Performed at GRMC: No longer active, see Established 99395 in below section	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																														
Not Performed at GRMC: No longer active, see Established 99396 in below section	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																														
	CMS Selected	CASE RATE	SLEEP STUDY, age 6+, 4+parameters of sleep, attended by a technologist	INPAT	95810	Sleep Study	2,348.00	1,174.00	500.94	2,230.60	1,995.80	934.38	981.10	500.94	500.94	500.94	934.38	981.10	2,113.20	1,995.80	2,230.60	2,230.60	1,761.00	1,995.80	934.38	2,183.64	2,230.60	2,230.60	1,074.54	1,074.54	2,230.60	934.38	1,761.00	934.38	981.10	
PRO FS	CMS Selected	CASE RATE	EXERCISE Each 15 MINUTES	INP or OUTPAT	97110	Therapy	174.00	87.00	29.03	165.30	147.90	29.03	30.48	31.35	31.35	31.35	29.03	30.48	156.60	147.90	165.30	165.30	130.50	147.90	29.03	161.82	165.30	165.30	33.38	33.38	165.30	29.03	130.50	29.03	30.48	
Hospital Selected	Hospital Selected	CASE RATE	PERIPHERAL ARTERIAL Disease Rehab per session Outpatient Cardiac Rehabilitation; with continuous ECG monitoring	OUTPAT	93668	Cardiac Rehab	250.00	125.00	18.02	237.50	212.50	57.48	60.35	18.02	18.02	18.02	57.48	60.35	225.00	212.50	237.50	237.50	187.50	212.50	57.48	232.50	237.50	237.50	66.10	66.10	237.50	57.48	187.50	57.48	60.35	
Hospital Selected	Hospital Selected	CASE RATE	PERIPHERAL ARTERIAL Disease Rehab per session Outpatient Cardiac Rehabilitation; with continuous ECG monitoring	OUTPAT	93798	Cardiac Rehab	400.00	200.00	14.42	380.00	340.00	120.07	126.07	14.42	14.42	14.42	120.07	126.07	360.00	340.00	380.00	380.00	300.00	340.00	120.07	372.00	380.00	380.00	138.08	138.08	380.00	120.07				



Hospital Selected	3200150	X-RAY SPINE LUMBOSACRAL; COMPLETE INCLUDING BENDING VIEWS, MINIMUM OF 6 VIEWS	INP OR OUTPAT	72114	Imaging	522.00	135.00	106.88	495.90	443.70	106.88	112.22	112.08	112.08	112.08	106.88	112.22	469.80	443.70	495.90	495.90	391.50	443.70	106.88	485.46	495.90	495.90	122.91	122.91	495.90	106.88	391.50	106.88	112.22
Hospital Selected	3200092	X-RAY SPINE LUMBOSACRAL BENDING VIEWS ONLY, 2/3 VIEWS	INP OR OUTPAT	72120	Imaging	522.00	115.00	106.88	495.90	443.70	106.88	112.22	112.08	112.08	112.08	106.88	112.22	469.80	443.70	495.90	495.90	391.50	443.70	106.88	485.46	495.90	495.90	122.91	122.91	495.90	106.88	391.50	106.88	112.22
Hospital Selected	3500008	CT CERVICAL SPINE WITHOUT CONTRAST	INP OR OUTPAT	72125	Imaging	1,780.00	450.00	106.88	1,691.00	1,513.00	106.88	112.22	112.08	112.08	112.08	106.88	112.22	1,602.00	1,513.00	1,691.00	1,691.00	1,335.00	1,513.00	106.88	1,655.40	1,691.00	1,691.00	122.91	122.91	1,691.00	106.88	1,335.00	106.88	112.22
Hospital Selected	3500022	CT THORACIC SPINE WITHOUT CONTRAST	INP OR OUTPAT	72128	Imaging	1,780.00	450.00	106.88	1,691.00	1,513.00	106.88	112.22	112.08	112.08	112.08	106.88	112.22	1,602.00	1,513.00	1,691.00	1,691.00	1,335.00	1,513.00	106.88	1,655.40	1,691.00	1,691.00	122.91	122.91	1,691.00	106.88	1,335.00	106.88	112.22
Hospital Selected	3500017	CT LUMBASACRAL SPINE WITHOUT CONTRAST	INP OR OUTPAT	72131	Imaging	1,780.00	450.00	106.88	1,691.00	1,513.00	106.88	112.22	112.08	112.08	112.08	106.88	112.22	1,602.00	1,513.00	1,691.00	1,691.00	1,335.00	1,513.00	106.88	1,655.40	1,691.00	1,691.00	122.91	122.91	1,691.00	106.88	1,335.00	106.88	112.22
Hospital Selected	6120003	MRI SPINAL CANAL WITHOUT CONTRAST, CERVICAL	INP OR OUTPAT	72141	Imaging	2,837.00	700.00	233.04	2,695.15	2,411.45	233.52	245.20	233.04	233.04	233.04	233.52	245.20	2,553.30	2,411.45	2,695.15	2,695.15	2,127.75	2,411.45	233.52	2,638.41	2,695.15	2,695.15	268.55	268.55	2,695.15	233.52	2,127.75	233.52	245.20
Hospital Selected	6120009	MRI SPINAL CANAL WITHOUT CONTRAST, THORACIC	INP OR OUTPAT	72146	Imaging	2,837.00	700.00	233.04	2,695.15	2,411.45	233.52	245.20	233.04	233.04	233.04	233.52	245.20	2,553.30	2,411.45	2,695.15	2,695.15	2,127.75	2,411.45	233.52	2,638.41	2,695.15	2,695.15	268.55	268.55	2,695.15	233.52	2,127.75	233.52	245.20
Hospital Selected	6120001	MRI SPINAL CANAL WITH AND WITHOUT CONTRAST, CERVICAL	INP OR OUTPAT	72156	Imaging	4,329.00	850.00	368.43	4,112.55	3,679.65	368.43	386.85	381.85	381.85	381.85	368.43	386.85	3,896.10	3,679.65	4,112.55	4,112.55	3,246.75	3,679.65	368.43	4,025.97	4,112.55	4,112.55	423.69	423.69	4,112.55	368.43	3,246.75	368.43	386.85
Hospital Selected	6120007	MRI SPINAL CANAL WITH AND WITHOUT CONTRAST AND FURTHER SECTIONS, THORACIC	INP OR OUTPAT	72157	Imaging	4,329.00	850.00	368.43	4,112.55	3,679.65	368.43	386.85	381.85	381.85	381.85	368.43	386.85	3,896.10	3,679.65	4,112.55	4,112.55	3,246.75	3,679.65	368.43	4,025.97	4,112.55	4,112.55	423.69	423.69	4,112.55	368.43	3,246.75	368.43	386.85
Hospital Selected	6120004	MRI SPINAL CANAL WITH AND WITHOUT CONTRAST, LUMBAR	INP OR OUTPAT	72158	Imaging	4,329.00	850.00	368.43	4,112.55	3,679.65	368.43	386.85	381.85	381.85	381.85	368.43	386.85	3,896.10	3,679.65	4,112.55	4,112.55	3,246.75	3,679.65	368.43	4,025.97	4,112.55	4,112.55	423.69	423.69	4,112.55	368.43	3,246.75	368.43	386.85
Hospital Selected	3200067	X-RAY PELVIS 1 OR 2 VIEWS	INP OR OUTPAT	72170	Imaging	310.00	155.00	106.88	294.50	263.50	106.88	112.22	112.08	112.08	112.08	106.88	112.22	279.00	263.50	294.50	294.50	232.50	263.50	106.88	288.30	294.50	294.50	122.91	122.91	294.50	106.88	232.50	106.88	112.22
Hospital Selected	3500019	CT PELVIS WITHOUT CONTRAST	INP OR OUTPAT	72192	Imaging	1,780.00	450.00	106.88	1,691.00	1,513.00	106.88	112.22	112.08	112.08	112.08	106.88	112.22	1,602.00	1,513.00	1,691.00	1,691.00	1,335.00	1,513.00	106.88	1,655.40	1,691.00	1,691.00	122.91	122.91	1,691.00	106.88	1,335.00	106.88	112.22
Hospital Selected	3200053	X-RAY SACROILIAC JOINTS LESS THAN 3 VIEWS	INP OR OUTPAT	72202	Imaging	310.00	155.00	106.88	294.50	263.50	106.88	112.22	112.08	112.08	112.08	106.88	112.22	279.00	263.50	294.50	294.50	232.50	263.50	106.88	288.30	294.50	294.50	122.91	122.91	294.50	106.88	232.50	106.88	112.22
Hospital Selected	3200075	X-RAY SACRUM & COCCYX MINIMUM OF 2 VIEWS	INP OR OUTPAT	72220	Imaging	310.00	155.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200019	X-RAY CLAVICLE, COMPLETE	INP OR OUTPAT	73000	Imaging	310.00	155.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200079	X-RAY SHOULDER 1 VIEW	INP OR OUTPAT	73020	Imaging	310.00	155.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200078	X-RAY SHOULDER COMPLETE, MINIMUM 2 VIEWS	INP OR OUTPAT	73030	Imaging	310.00	155.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200111	X-RAY SHOULDER, ARTHROGRAPHY	INP OR OUTPAT	73040	Imaging	1,447.00	723.50	368.43	1,374.65	1,229.95	368.43	386.85	381.85	381.85	381.85	368.43	386.85	1,302.30	1,229.95	1,374.65	1,374.65	1,085.25	1,229.95	368.43	1,345.71	1,374.65	1,374.65	423.69	423.69	1,374.65	368.43	1,085.25	368.43	386.85
Hospital Selected	3200049	X-RAY HUMERUS, MINIMUM OF 2 VIEWS	INP OR OUTPAT	73060	Imaging	310.00	100.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200025	X-RAY ELBOW, 2 VIEWS	INP OR OUTPAT	73070	Imaging	310.00	100.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200024	X-RAY ELBOW, 2 VIEWS COMPLETE, MINIMUM 3 VIEW	INP OR OUTPAT	73080	Imaging	310.00	100.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200037	X-RAY FOREARM, 2 VIEWS	INP OR OUTPAT	73090	Imaging	310.00	100.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200108	X-RAY WRIST, 2 VIEWS	INP OR OUTPAT	73100	Imaging	310.00	100.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200109	X-RAY WRIST COMPLETE MINIMUM 3 VIEWS	INP OR OUTPAT	73110	Imaging	310.00	100.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200044	X-RAY HAND, 2 VIEWS	INP OR OUTPAT	73120	Imaging	310.00	135.00	106.88	294.50	263.50	106.88	112.22	112.08	112.08	112.08	106.88	112.22	279.00	263.50	294.50	294.50	232.50	263.50	106.88	288.30	294.50	294.50	122.91	122.91	294.50	106.88	232.50	106.88	112.22
Hospital Selected	3200043	X-RAY HAND MINIMUM 3 VIEWS	INP OR OUTPAT	73130	Imaging	310.00	100.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200030	X-RAY FINGERS(5), MINIMUM 1 VIEWS	INP OR OUTPAT	73140	Imaging	310.00	100.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3500027	CT UPPER EXTREMITY WITHOUT CONTRAST	INP OR OUTPAT	73200	Imaging	1,780.00	450.00	106.88	1,691.00	1,513.00	106.88	112.22	112.08	112.08	112.08	106.88	112.22	1,602.00	1,513.00	1,691.00	1,691.00	1,335.00	1,513.00	106.88	1,655.40	1,691.00	1,691.00	122.91	122.91	1,691.00	106.88	1,335.00	106.88	112.22
Hospital Selected	6100034	MRI UPPER EXT ANY JT WITHOUT CONTRAST	INP OR OUTPAT	73221	Imaging	2,837.00	700.00	233.04	2,695.15	2,411.45	233.52	245.20	233.04	233.04	233.04	233.52	245.20	2,553.30	2,411.45	2,695.15	2,695.15	2,127.75	2,411.45	233.52	2,638.4									

Hospital Selected	3500012	CT LOWER EXTREMITY WITHOUT CONTRAST	INP OR OUTPUT	73700	Imaging	1,780.00	450.00	106.88	1,691.00	1,513.00	106.88	112.22	112.08	112.08	112.08	106.88	112.22	1,602.00	1,513.00	1,691.00	1,691.00	1,335.00	1,513.00	106.88	1,655.40	1,691.00	1,691.00	122.91	122.91	1,691.00	106.88	1,335.00	106.88	112.22
Hospital Selected	6100018	MRI LOWER EXT OTHER THAN JOINT WITHOUT CONTRAST	INP OR OUTPUT	73718	Imaging	2,837.00	700.00	233.04	2,695.15	2,411.45	233.52	245.20	233.04	233.04	233.04	233.52	245.20	2,553.90	2,411.45	2,695.15	2,695.15	2,127.75	2,411.45	233.52	2,638.41	2,695.15	2,695.15	268.55	268.55	2,695.15	233.52	2,127.75	233.52	245.20
Hospital Selected	6100023	MRI LWR EXTREMITY OTHER THAN JOINT WITHOUT CONTRAST FOLLOWED BY CONTRAST AND FURTHER SECTIONS	INP OR OUTPUT	73720	Imaging	4,329.00	850.00	368.43	4,112.55	3,679.65	368.43	386.85	381.85	381.85	381.85	368.43	386.85	3,896.10	3,679.65	4,112.55	4,112.55	3,246.75	3,679.65	368.43	4,025.97	4,112.55	4,112.55	423.69	423.69	4,112.55	368.43	3,246.75	368.43	386.85
Hospital Selected	3200004	X-RAY ABDOMEN, 1 VIEW	INP OR OUTPUT	74018	Imaging	310.00	100.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22
Hospital Selected	3200240	X-RAY ABDOMEN, 2 VIEWS	INP OR OUTPUT	74019	Imaging	310.00	155.00	106.88	294.50	263.50	106.88	112.22	112.08	112.08	112.08	106.88	112.22	279.00	263.50	294.50	294.50	232.50	263.50	106.88	288.30	294.50	294.50	122.91	122.91	294.50	106.88	232.50	106.88	112.22
Hospital Selected	3200239	X-RAY ABDOMEN, 3 OR MORE VIEWS	INP OR OUTPUT	74021	Imaging	360.00	180.00	106.88	342.00	306.00	106.88	112.22	112.08	112.08	112.08	106.88	112.22	324.00	306.00	342.00	342.00	270.00	306.00	106.88	334.80	342.00	342.00	122.91	122.91	342.00	106.88	270.00	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 OUTPUT	74022	Imaging	310.00	155.00	106.88	294.50	263.50	106.88	112.22	112.08	112.08	112.08	106.88	112.22	279.00	263.50	294.50	294.50	232.50	263.50	106.88	288.30	294.50	294.50	122.91	122.91	294.50	106.88	232.50	106.88	112.22
Hospital Selected	3500004	CT ABDOMEN WITHOUT CONTRAST	INP OR OUTPUT	74150	Imaging	1,780.00	450.00	106.88	1,691.00	1,513.00	106.88	112.22	112.08	112.08	112.08	106.88	112.22	1,602.00	1,513.00	1,691.00	1,691.00	1,335.00	1,513.00	106.88	1,655.40	1,691.00	1,691.00	122.91	122.91	1,691.00	106.88	1,335.00	106.88	112.22
Hospital Selected	3500003	CT ABDOMEN WITH CONTRAST	INP OR OUTPUT	74160	Imaging	2,416.00	500.00	180.34	2,295.20	2,053.60	180.34	189.36	182.22	182.22	182.22	180.34	189.36	2,174.40	2,053.60	2,295.20	2,295.20	1,812.00	2,053.60	180.34	2,246.88	2,295.20	2,295.20	207.39	207.39	2,295.20	180.34	1,812.00	180.34	189.36
Hospital Selected	3500002	CT ABDOMEN WITHOUT CONTRAST FOLLOWED BY CONTRAST AND FURTHER SECTIONS	INP OR OUTPUT	74170	Imaging	2,873.00	550.00	180.34	2,729.35	2,442.05	180.34	189.36	182.22	182.22	182.22	180.34	189.36	2,585.70	2,442.05	2,729.35	2,729.35	2,154.75	2,442.05	180.34	2,671.89	2,729.35	2,729.35	207.39	207.39	2,729.35	180.34	2,154.75	180.34	189.36
Hospital Selected	3500064	CT ABDOMEN & PELVIS WITH CONTRAST	INP OR OUTPUT	74174	Imaging	2,806.00	500.00	290.48	2,665.70	2,385.10	368.43	386.85	290.48	290.48	290.48	368.43	386.85	2,525.40	2,385.10	2,665.70	2,665.70	2,104.50	2,385.10	368.43	2,609.58	2,665.70	2,665.70	423.69	423.69	2,665.70	368.43	2,104.50	368.43	386.85
Hospital Selected	3500061	CT ABDOMEN & PELVIS; without contrast	INP OR OUTPUT	74176	Imaging	2,374.00	450.00	233.04	2,255.30	2,017.90	233.52	245.20	233.04	233.04	233.04	233.52	245.20	2,136.60	2,017.90	2,255.30	2,255.30	1,780.50	2,017.90	233.52	2,207.82	2,255.30	2,255.30	268.55	268.55	2,255.30	233.52	1,780.50	233.52	245.20
Hospital Selected	3500063	CT ABDOMEN & PELVIS; without contrast followed by contrast and further sections	INP OR OUTPUT	74178	Imaging	3,826.00	550.00	368.43	3,634.70	3,252.10	368.43	386.85	381.85	381.85	381.85	368.43	386.85	3,443.40	3,252.10	3,634.70	3,634.70	2,869.50	3,252.10	368.43	3,558.18	3,634.70	3,634.70	423.69	423.69	3,634.70	368.43	2,869.50	368.43	386.85
Hospital Selected	6100040	MRCP - without contrast followed by contrast and further sections	INP OR OUTPUT	74181	Imaging	3,999.00	700.00	233.04	3,229.05	2,889.15	233.52	245.20	233.04	233.04	233.04	233.52	245.20	3,059.10	2,889.15	3,229.05	3,229.05	2,549.25	2,889.15	233.52	3,161.07	3,229.05	3,229.05	268.55	268.55	3,229.05	233.52	2,549.25	233.52	245.20
Hospital Selected	6100012	MRI ABDOMEN WITHOUT CONTRAST FOLLOWED BY CONTRAST AND FURTHER SECTIONS	INP OR OUTPUT	74183	Imaging	4,329.00	850.00	368.43	4,112.55	3,679.65	368.43	386.85	381.85	381.85	381.85	368.43	386.85	3,896.10	3,679.65	4,112.55	4,112.55	3,246.75	3,679.65	368.43	4,025.97	4,112.55	4,112.55	423.69	423.69	4,112.55	368.43	3,246.75	368.43	386.85
Hospital Selected	3200099	X-RAY SMALLLOW FUNCTION CBV-SCOUT NECK, DELAYED IMAGE, CONTRAST STUDY	INP OR OUTPUT	74230	Imaging	614.00	307.00	180.34	583.30	521.90	180.34	189.36	182.22	182.22	182.22	180.34	189.36	552.60	521.90	583.30	583.30	460.50	521.90	180.34	571.02	583.30	583.30	207.39	207.39	583.30	180.34	460.50	180.34	189.36
Hospital Selected	3200042	X-RAY UPPER GASTROINTESTINAL TRACT, INCLUDING SCOUT ABDOMINAL RADIOGRAPH AND DELAYED IMAGES; SINGLE CONTRAST STUDY	INP OR OUTPUT	74240	Imaging	614.00	307.00	180.34	583.30	521.90	180.34	189.36	182.22	182.22	182.22	180.34	189.36	552.60	521.90	583.30	583.30	460.50	521.90	180.34	571.02	583.30	583.30	207.39	207.39	583.30	180.34	460.50	180.34	189.36
Hospital Selected	3200041	X-RAY G UPPER-SCOUT ABDOMINAL, DELAYED, DOUBLE CONTRAST STUDY	INP OR OUTPUT	74246	Imaging	700.00	350.00	180.34	665.00	595.00	180.34	189.36	182.22	182.22	182.22	180.34	189.36	630.00	595.00	665.00	665.00	525.00	595.00	180.34	651.00	665.00	665.00	207.39	207.39	665.00	180.34	525.00	180.34	189.36
Hospital Selected	3200040	X-RAY SMALL INTESTINE, INCLUDING MULTIPLE SERIAL IMAGES AND SCOUT ABDOMINAL RADIOGRAPH; SINGLE CONTRAST	INP OR OUTPUT	74250	Imaging	614.00	307.00	180.34	583.30	521.90	180.34	189.36	182.22	182.22	182.22	180.34	189.36	552.60	521.90	583.30	583.30	460.50	521.90	180.34	571.02	583.30	583.30	207.39	207.39	583.30	180.34	460.50	180.34	189.36
Not paid separately by MCR	Hospital Selected	X-RAY CHOLANGIOPANCREATOGR APHY IN-O	INP OR OUTPUT	74300	Imaging	712.00	356.00	0.00	676.40	605.20	0.00	0.00	18.74	18.74	18.74	0.00	0.00	640.80	605.20	676.40	676.40	534.00	605.20	0.00	662.16	676.40	676.40	0.00	0.00	676.40	0.00	534.00	0.00	0.00
Not paid separately by MCR	Hospital Selected	X-RAY COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, SUPERVISION AND INTERPRETATION	INP OR OUTPUT	74330	Imaging	1,064.00	532.00	0.00	1,010.80	904.40	0.00	0.00	46.49	46.49	46.49	0.00	0.00	957.60	904.40	1,010.80	1,010.80	798.00	904.40	0.00	989.52	1,010.80	1,010.80	0.00	0.00	1,010.80	0.00	798.00	0.00	0.00
Hospital Selected	3200072	X-RAY UROGRAPHY RETROGRADE WITH AND WITHOUT KUB	INP OR OUTPUT	74420	Imaging	1,394.00	697.00	46.49	1,324.30	1,184.90	368.43	386.85	46.49	46.49	46.49	368.43	386.85	1,254.60	1,184.90	1,324.30	1,324.30	1,045.50	1,184.90	368.43	1,296.42	1,324.30	1,324.30	423.69	423.69	1,324.30	368.43	1,045.50	368.43	386.85
Hospital Selected	3520001	CT, heart, without contrast, with quantitative evaluation of coronary calcium	INP OR OUTPUT	75571	Imaging	205.00	110.00	79.81	194.75	174.25	86.88	91.22	79.81	79.81	79.81	86.88	91.22	184.50	174.25	194.75	194.75	153.75	174.25	86.88	190.65	194.75	194.75	99.91	99.91	194.75	86.88	153.75	86.88	91.22
Hospital Selected	3500035	CT ANGIOGRAPHY ABDOMINAL AORTA AND BILATERAL ILLFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST	INP OR OUTPUT	75635	Imaging	2,806.00	500.00	180.34	2,665.70	2,385.10	180.34	189.36	182.22	182.22	182.22	180.34	189.36	2,525.40	2,385.10	2,665.70	2,665.70	2,104.50	2,385.10	180.34	2,609.58	2,665.70	2,665.70	207.39	207.39	2,665.70	180.34	2,104.50	180.34	189.36
Hospital Selected	3200033	X-RAY FLUOROSCOPY, W/1 HR TIME ROOM	INP OR OUTPUT	76000	Imaging	707.00	353.50	32.07	671.65	600.95	233.52	245.20	32.07	32.07	32.07	233.52	245.20	636.30	600.95	671.65	671.65	530.25	600.95	233.52	657.51	671.65	671.65	268.55	268.55	671.65	233.52	530.25	233.52	245.20
Hospital Selected	3200038	X-RAY FOREGN BODY NOSE TO RECTUM, SINGLE VIEW CHILD	INP OR OUTPUT	76010	Imaging	310.00	155.00	79.81	294.50	263.50	86.88	91.22	79.81	79.81	79.81	86.88	91.22	279.00	263.50	294.50	294.50	232.50	263.50	86.88	288.30	294.50	294.50	99.91	99.91	294.50	86.88	232.50	86.88	91.22

Hospital Selected	4020023	ULTRASOUND, SOFT TISSUES HEAD & NECK	INP OR OUTPAT	76536	Imaging	664.00	332.00	106.88	630.80	564.40	106.88	112.22	112.08	112.08	112.08	106.88	112.22	597.60	564.40	630.80	630.80	498.00	564.40	106.88	617.52	630.80	630.80	122.91	122.91	630.80	106.88	498.00	106.88	112.22
Hospital Selected	4020095	ULTRASOUND, BREAST, UNILATERAL WITH AXILLA COMPLETE	INP OR OUTPAT	76641	Imaging	540.00	270.00	106.88	513.00	459.00	106.88	112.22	112.08	112.08	112.08	106.88	112.22	486.00	459.00	513.00	513.00	405.00	459.00	106.88	502.20	513.00	513.00	122.91	122.91	513.00	106.88	405.00	106.88	112.22
Hospital Selected	4020096	ULTRASOUND, BREAST, UNILATERAL WITH AXILLA LIMITED	INP OR OUTPAT	76642	Imaging	540.00	145.00	79.81	513.00	459.00	86.88	91.22	79.81	79.81	79.81	86.88	91.22	486.00	459.00	513.00	513.00	405.00	459.00	86.88	502.20	513.00	513.00	99.91	99.91	513.00	86.88	405.00	86.88	91.22
Hospital Selected	4020004	ULTRASOUND, ABDOMINAL LIMITED	INP OR OUTPAT	76705	Imaging	664.00	185.00	106.88	630.80	564.40	106.88	112.22	112.08	112.08	112.08	106.88	112.22	597.60	564.40	630.80	630.80	498.00	564.40	106.88	617.52	630.80	630.80	122.91	122.91	630.80	106.88	498.00	106.88	112.22
Hospital Selected	4020079	ULTRASOUND, B-SCAN OR RT W/ID-AAA SCREEN	INP OR OUTPAT	76706	Imaging	388.00	194.00	87.21	368.60	329.80	106.88	112.22	87.21	87.21	87.21	106.88	112.22	349.20	329.80	368.60	368.60	291.00	329.80	106.88	360.84	368.60	368.60	122.91	122.91	368.60	106.88	291.00	106.88	112.22
Hospital Selected	4020020	ULTRASOUND, RETROPERITONEAL COMPLETE	INP OR OUTPAT	76770	Imaging	775.00	387.50	106.88	736.25	658.75	106.88	112.22	112.08	112.08	112.08	106.88	112.22	697.50	658.75	736.25	736.25	581.25	658.75	106.88	720.75	736.25	736.25	122.91	122.91	736.25	106.88	581.25	106.88	112.22
Hospital Selected	4020021	ULTRASOUND, RETROPERITONEAL LIMITED	INP OR OUTPAT	76775	Imaging	664.00	332.00	106.88	630.80	564.40	106.88	112.22	112.08	112.08	112.08	106.88	112.22	597.60	564.40	630.80	630.80	498.00	564.40	106.88	617.52	630.80	630.80	122.91	122.91	630.80	106.88	498.00	106.88	112.22
Hospital Selected	4020019	ULTRASOUND, PREGNANT UTERUS LIMITED/4-HEUS	INP OR OUTPAT	76815	Imaging	512.00	256.00	106.88	486.40	435.20	106.88	112.22	112.08	112.08	112.08	106.88	112.22	460.80	435.20	486.40	486.40	384.00	435.20	106.88	476.16	486.40	486.40	122.91	122.91	486.40	106.88	384.00	106.88	112.22
Hospital Selected	4020032	ULTRASOUND, PREGNANT UTERUS TRANSVAGINAL	INP OR OUTPAT	76817	Imaging	664.00	332.00	106.88	630.80	564.40	106.88	112.22	112.08	112.08	112.08	106.88	112.22	597.60	564.40	630.80	630.80	498.00	564.40	106.88	617.52	630.80	630.80	122.91	122.91	630.80	106.88	498.00	106.88	112.22
Hospital Selected	4020012	ULTRASOUND, FETAL BIOPHY PROFILE WITHOUT MONSTRESS TEST	INP OR OUTPAT	76819	Imaging	509.00	254.50	50.45	483.55	432.65	106.88	112.22	50.45	50.45	50.45	106.88	112.22	458.10	432.65	483.55	483.55	381.75	432.65	106.88	473.37	483.55	483.55	122.91	122.91	483.55	106.88	381.75	106.88	112.22
Hospital Selected	4020015	ULTRASOUND, PELVIS NON OB COMPLETE	INP OR OUTPAT	76856	Imaging	681.00	340.50	106.88	646.95	578.85	106.88	112.22	112.08	112.08	112.08	106.88	112.22	612.90	578.85	646.95	646.95	510.75	578.85	106.88	633.33	646.95	646.95	122.91	122.91	646.95	106.88	510.75	106.88	112.22
Hospital Selected	4020016	ULTRASOUND, PELVIC NON-OB LIMITED DR FOLLOW-UP	INP OR OUTPAT	76857	Imaging	512.00	185.00	106.88	486.40	435.20	106.88	112.22	112.08	112.08	112.08	106.88	112.22	460.80	435.20	486.40	486.40	384.00	435.20	106.88	476.16	486.40	486.40	122.91	122.91	486.40	106.88	384.00	106.88	112.22
Hospital Selected	4020022	ULTRASOUND, SCROTUM AND CONTENTS	INP OR OUTPAT	76870	Imaging	685.00	342.50	106.88	650.75	582.25	106.88	112.22	112.08	112.08	112.08	106.88	112.22	616.50	582.25	650.75	650.75	513.75	582.25	106.88	637.05	650.75	650.75	122.91	122.91	650.75	106.88	513.75	106.88	112.22
Hospital Selected	4020049	ULTRASOUND, COMPLETE JOINT	INP OR OUTPAT	76881	Imaging	738.00	369.00	58.02	701.10	627.30	106.88	112.22	58.02	58.02	58.02	106.88	112.22	664.20	627.30	701.10	701.10	553.50	627.30	106.88	686.34	701.10	701.10	122.91	122.91	701.10	106.88	553.50	106.88	112.22
Hospital Selected	4020050	ULTRASOUND, JOINT OR OTHER NONVASCULAR EXTREMITY	INP OR OUTPAT	76882	Imaging	258.00	129.00	106.88	245.10	219.30	106.88	112.22	112.08	112.08	112.08	106.88	112.22	232.20	219.30	245.10	245.10	193.50	219.30	106.88	239.94	245.10	245.10	122.91	122.91	245.10	106.88	193.50	106.88	112.22
Incidental code for MCR, add on to primary will be packaged. No separate \$.	4020002	ULTRASOUND GUIDANCE NEEDLE PLMT Supervision and interpretation	INP OR OUTPAT	76942	Imaging	1,157.00	578.50	0.00	1,099.15	983.45	0.00	0.00	25.23	25.23	25.23	0.00	0.00	1,041.30	983.45	1,099.15	1,099.15	867.75	983.45	0.00	1,076.01	1,099.15	1,099.15	0.00	0.00	1,099.15	0.00	867.75	0.00	0.00
Incidental code for MCR, add on to primary will be packaged. No separate \$.	3500010	CT GUIDANCE F/NEEDLE PLMT SUPERVISION AND INTERPRETATION	INP OR OUTPAT	77012	Imaging	2,416.00	1,208.00	0.00	2,295.20	2,053.60	0.00	0.00	78.20	78.20	78.20	0.00	0.00	2,174.40	2,053.60	2,295.20	2,295.20	1,812.00	2,053.60	0.00	2,246.88	2,295.20	2,295.20	0.00	0.00	2,295.20	0.00	1,812.00	0.00	0.00
For MCR G0279 = 23.18	4010024	TOMOSYNTHESIS, DIGITAL BREAST, Unilateral	INP OR OUTPAT	77061	Imaging	34.00	34.00	23.18	94.06	28.90	23.18	24.34	94.06	94.06	94.06	23.18	24.34	30.60	28.90	32.30	32.30	25.50	28.90	23.18	31.62	32.30	32.30	26.66	26.66	32.30	23.18	25.50	23.18	24.34
For MCR G0279 = 23.18	4010025	TOMOSYNTHESIS, DIGITAL BREAST, Bilateral	INP OR OUTPAT	77062	Imaging	66.00	66.00	23.18	94.06	56.10	23.18	24.34	94.06	94.06	94.06	23.18	24.34	59.40	56.10	62.70	62.70	49.50	56.10	23.18	61.38	62.70	62.70	26.66	26.66	62.70	23.18	49.50	23.18	24.34
For MCR 77063 = 23.18	4030012	TOMOSYNTHESIS, SCREEN Bilateral BREAST	INP OR OUTPAT	77063	Imaging	66.00	66.00	23.18	62.70	56.10	23.18	24.34	25.23	25.23	25.23	23.18	24.34	59.40	56.10	62.70	62.70	49.50	56.10	23.18	61.38	62.70	62.70	26.66	26.66	62.70	23.18	49.50	23.18	24.34
Hospital Selected	3200152	X-RAY DUAL-ENERGY, BONE DENSITY 1-4-AXIAL SELECTION	INP OR OUTPAT	77080	Imaging	725.00	135.00	30.63	688.75	616.25	106.88	112.22	30.63	30.63	30.63	106.88	112.22	652.50	616.25	688.75	688.75	543.75	616.25	106.88	674.25	688.75	688.75	122.91	122.91	688.75	106.88	543.75	106.88	112.22
Hospital Selected	3410074	LYMPHATICS & LYMPH NODES IMAGE	INP OR OUTPAT	78195	Imaging	2,013.00	1,006.50	309.94	1,912.35	1,711.05	504.50	529.73	309.94	309.94	309.94	504.50	529.73	1,811.70	1,711.05	1,912.35	1,912.35	1,509.75	1,711.05	504.50	1,872.09	1,912.35	1,912.35	580.18	580.18	1,912.35	504.50	1,509.75	504.50	529.73
Hospital Selected	3410011	HEPATOBIILIARY DUCTAL SYSTEM IMAGE	INP OR OUTPAT	78226	Imaging	2,067.00	1,033.50	305.61	1,963.65	1,756.95	388.68	408.11	305.61	305.61	305.61	388.68	408.11	1,860.30	1,756.95	1,963.65	1,963.65	1,550.25	1,756.95	388.68	1,922.31	1,963.65	1,963.65	446.98	446.98	1,963.65	388.68	1,550.25	388.68	408.11
Hospital Selected	3410069	HEPATOBIILIARY DUCTAL 5-1/W/EF	INP OR OUTPAT	78227	Imaging	2,097.00	1,048.50	418.05	1,992.15	1,782.45	504.50	529.73	418.05	418.05	418.05	504.50	529.73	1,887.30	1,782.45	1,992.15	1,992.15	1,572.75	1,782.45	504.50	1,950.21	1,992.15	1,992.15	580.18	580.18	1,992.15	504.50	1,572.75	504.50	529.73
Hospital Selected	3410010	GASTRIC EMPTYING STUDY BONE &/OR JOINT IMAGE	INP OR OUTPAT	78264	Imaging	1,809.00	904.50	308.13	1,718.55	1,537.65	388.68	408.11	308.13	308.13	308.13	388.68	408.11	1,628.10	1,537.65	1,718.55	1,718.55	1,356.75	1,537.65	388.68	1,682.37	1,718.55	1,718.55	446.98	446.98	1,718.55	388.68	1,356.75	388.68	408.11
Hospital Selected	3410006	WHOLE BODY BONE &/OR JOINT IMAGE 3 PHASE	INP OR OUTPAT	78306	Imaging	1,916.00	958.00	270.65	1,820.20	1,628.60	388.68	408.11	270.65	270.65	270.65	388.68	408.11	1,724.40	1,628.60	1,820.20	1,820.20	1,437.00	1,628.60	388.68	1,781.88	1,820.20	1,820.20	446.98	446.98	1,820.20	388.68	1,437.00	388.68	408.11
Hospital Selected	3410007	BONE &/OR JOINT IMAGE 3 PHASE	INP OR OUTPAT	78315	Imaging	2,005.00	1,002.50	308.49	1,904.75	1,704.25	388.68	408.11	308.49	308.49	308.49	388.68	408.11	1,804.50	1,704.25	1,904.75	1,904.75	1,503.75	1,704.25	388.68	1,864.65	1,904.75	1,904.75	446.98	446.98	1,904.75	388.68	1,503.75	388.68	408.11
Hospital Selected	3410018	MYOCARDIAL PERFUSION IMAGING, TOMO/MULTI	INP OR OUTPAT	78452	Imaging	5,109.00	2,554.50	409.40	4,853.55	4,342.65	1,327.27	1,393.63	409.40	409.40	409.40	1,327.27	1,393.63	4,598.10	4,342.65	4,853.55	4,853.55	3,831.75	4,342.65	1,327.27	4,751.37	4,853.55	4,853.55	1,526.36	1,526.36	4,853.55	1,327.27	3,831.75	1,327.27	1,393.63
Hospital Selected	4800019	Echocardiography, transthoracic, real-time with image documentation, complete	INP OR OUTPAT	93306	Imaging	3,182.00	1,591.00	135.51	3,022.90	2,704.70	503.13	528.29	135.51	135.51	135.51	503.13	528.29	2,863.80	2,704.															

Hospital Selected	9210001	DUPLEX SCAN LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY	INP OR OUTPAT	93926	Imaging	799.00	399.50	106.88	759.05	679.15	106.88	112.22	112.44	112.44	112.44	106.88	112.22	719.10	679.15	759.05	759.05	599.25	679.15	106.88	743.07	759.05	759.05	122.91	122.91	759.05	106.88	599.25	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	664.00	332.00	105.59	630.80	564.40	106.88	112.22	105.59	105.59	105.59	106.88	112.22	597.60	564.40	630.80	630.80	498.00	564.40	106.88	617.52	630.80	630.80	122.91	122.91	630.80	106.88	498.00	106.88	112.22
Hospital Selected	9210005	DUPLEX SCAN EXT-VEINS,COMPLETE/BILATERAL	INP OR OUTPAT	93970	Imaging	1,422.00	711.00	163.62	1,350.90	1,208.70	233.52	245.20	163.62	163.62	163.62	233.52	245.20	1,279.80	1,208.70	1,350.90	1,350.90	1,066.50	1,208.70	233.52	1,322.46	1,350.90	1,350.90	268.55	268.55	1,350.90	233.52	1,066.50	233.52	245.20
Hospital Selected	9210007	DUPLEX SCAN EXT-VEINS,UNILATERAL/LIMITED	INP OR OUTPAT	93971	Imaging	799.00	399.50	100.19	759.05	679.15	106.88	112.22	100.19	100.19	100.19	106.88	112.22	719.10	679.15	759.05	759.05	599.25	679.15	106.88	743.07	759.05	759.05	122.91	122.91	759.05	106.88	599.25	106.88	112.22
Hospital Selected	4000031	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	1,063.00	531.50	224.88	1,009.85	903.55	233.52	245.20	224.88	224.88	224.88	233.52	245.20	956.70	903.55	1,009.85	1,009.85	797.25	903.55	233.52	988.59	1,009.85	1,009.85	268.55	268.55	1,009.85	233.52	797.25	233.52	245.20
LAB FS	3000005	COLLECTION OF BLD FOR URIC ACID	INP OR OUTPAT	36415	Lab	32.00	32.00	0.00	30.40	27.20	8.57	9.00	0.00	0.00	0.00	8.57	9.00	28.80	27.20	30.40	30.40	24.00	27.20	8.57	29.76	30.40	30.40	9.86	9.86	30.40	8.57	24.00	8.57	9.00
374.26	3910001	TRANSFUSION,BLD/BLD COMPONENTS	INP OR OUTPAT	36430	Lab	1,870.00	935.00	35.01	1,776.50	1,589.50	374.26	392.97	35.01	35.01	35.01	374.26	392.97	1,683.00	1,589.50	1,776.50	1,776.50	1,402.50	1,589.50	374.26	1,739.10	1,776.50	1,776.50	430.40	430.40	1,776.50	374.26	1,402.50	374.26	392.97
80050 Not covered under MCR	3000080	GENERAL HEALTH PANEL	INP OR OUTPAT	80050	Lab	329.00	164.50	0.00	312.55	279.65	0.00	0.00	35.32	35.32	35.32	0.00	0.00	296.10	279.65	312.55	312.55	246.75	279.65	0.00	305.97	312.55	312.55	0.00	0.00	312.55	0.00	246.75	0.00	0.00
LAB FS	3001000	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	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	
LAB FS	3000061	DIPPOPIYLAECTIC/VALPROD C,T,TL	INP OR OUTPAT	80164	Lab	163.00	81.50	13.54	154.85	138.55	13.54	14.22	13.54	13.54	13.54	14.22	146.70	138.55	154.85	154.85	122.25	138.55	13.54	151.59	154.85	154.85	15.57	15.57	154.85	13.54	122.25	13.54	14.22	
LAB FS	3000062	VANCOCIN/DRUG SCREEN/DRUG METHOD,NR/INSTMT	INP OR OUTPAT	80202	Lab	226.00	113.00	13.54	214.70	192.10	13.54	14.22	13.54	13.54	13.54	14.22	203.40	192.10	214.70	214.70	169.50	192.10	13.54	210.18	214.70	214.70	15.57	15.57	214.70	13.54	169.50	13.54	14.22	
LAB FS	3010062	URINE PREGNANCY TEST BY COLOR ACETONE/KETONE	INP OR OUTPAT	80307	Lab	371.00	185.50	62.14	352.45	315.35	62.14	65.25	62.14	62.14	62.14	65.25	333.90	315.35	352.45	352.45	278.25	315.35	62.14	345.03	352.45	352.45	71.46	71.46	352.45	62.14	278.25	62.14	65.25	
LAB FS	3000047	BOY SERUM QUANT ALBUMIN URINE MICROALBU SEMI	INP OR OUTPAT	81025	Lab	177.00	88.50	8.61	168.15	150.45	8.61	9.04	8.61	8.61	8.61	9.04	159.30	150.45	168.15	168.15	132.75	150.45	8.61	164.61	168.15	168.15	9.90	9.90	168.15	8.61	132.75	8.61	9.04	
LAB FS	3010011	TEST BY COLOR ACETONE/KETONE	INP OR OUTPAT	82010	Lab	110.00	55.00	8.17	104.50	93.50	8.17	8.58	8.17	8.17	8.17	8.58	99.00	93.50	104.50	104.50	82.50	93.50	8.17	102.30	104.50	104.50	9.40	9.40	104.50	8.17	82.50	8.17	8.58	
LAB FS	3000010	ALBUMIN URINE MICROALBU SEMI	INP OR OUTPAT	82044	Lab	76.00	38.00	6.23	72.30	64.60	6.23	6.54	6.23	6.23	6.23	6.54	68.40	64.60	72.30	72.30	57.00	64.60	6.23	70.68	72.30	72.30	7.16	7.16	72.30	6.23	57.00	6.23	6.54	
LAB FS	3010013	ALCOHOL (ETHANOL)ANY-EX BREATH	INP OR OUTPAT	82077	Lab	294.00	147.00	17.27	279.30	249.90	17.27	18.13	17.27	17.27	17.27	18.13	264.60	249.90	279.30	279.30	220.50	249.90	17.27	273.42	279.30	279.30	19.86	19.86	279.30	17.27	220.50	17.27	18.13	
LAB FS	3000011	AMMONIA	INP OR OUTPAT	82140	Lab	230.00	115.00	14.57	218.50	195.50	14.57	15.30	14.57	14.57	14.57	15.30	207.00	195.50	218.50	218.50	172.50	195.50	14.57	213.90	218.50	218.50	16.76	16.76	218.50	14.57	172.50	14.57	15.30	
LAB FS	3010014	AMYLAZE	INP OR OUTPAT	82150	Lab	165.00	21.00	6.48	156.75	140.25	6.48	6.80	6.48	6.48	6.48	6.80	148.50	140.25	156.75	156.75	123.75	140.25	6.48	153.45	156.75	156.75	7.45	7.45	156.75	6.48	123.75	6.48	6.80	
LAB FS	3010015	BLIRUBIN,TOTAL	INP OR OUTPAT	82247	Lab	82.00	41.00	5.02	77.90	69.70	5.02	5.27	5.02	5.02	5.02	5.27	73.80	69.70	77.90	77.90	61.50	69.70	5.02	76.26	77.90	77.90	5.77	5.77	77.90	5.02	61.50	5.02	5.27	
LAB FS	3010016	BLIRUBIN, DIRECT	INP OR OUTPAT	82248	Lab	82.00	41.00	5.02	77.90	69.70	5.02	5.27	5.02	5.02	5.02	5.27	73.80	69.70	77.90	77.90	61.50	69.70	5.02	76.26	77.90	77.90	5.77	5.77	77.90	5.02	61.50	5.02	5.27	
LAB FS	3010036	BLD OCCULT SCREEN/FECES CONSEC	INP OR OUTPAT	82270	Lab	94.00	47.00	4.38	89.30	79.90	4.38	4.60	4.38	4.38	4.38	4.60	84.60	79.90	89.30	89.30	70.50	79.90	4.38	87.42	89.30	89.30	5.04	5.04	89.30	4.38	70.50	4.38	4.60	
LAB FS	3010063	VITAMIN D,25HYDROXY+FRACCTIONS	INP OR OUTPAT	82306	Lab	133.00	66.50	29.60	126.35	113.05	29.60	31.08	29.60	29.60	29.60	31.08	119.70	113.05	126.35	126.35	99.75	113.05	29.60	123.69	126.35	126.35	34.04	34.04	126.35	29.60	99.75	29.60	31.08	
LAB FS	3010019	CALCIUM,TOTAL	INP OR OUTPAT	82310	Lab	105.00	52.50	5.16	99.75	89.25	5.16	5.42	5.16	5.16	5.16	5.42	94.50	89.25	99.75	99.75	78.75	89.25	5.16	97.65	99.75	99.75	5.93	5.93	99.75	5.16	78.75	5.16	5.42	
LAB FS	3001084	CARCINOEMBRYONIC ANTIGEN (CEA)	INP OR OUTPAT	82378	Lab	141.00	70.50	18.96	133.95	119.85	18.96	19.91	18.96	18.96	18.96	19.91	126.90	119.85	133.95	133.95	105.75	119.85	18.96	131.13	133.95	133.95	21.80	21.80	133.95	18.96	105.75	18.96	19.91	
LAB FS	3001112	CORTISOL,TOTAL	INP OR OUTPAT	82533	Lab	163.00	81.50	16.30	154.85	138.55	16.30	17.12	16.30	16.30	16.30	17.12	146.70	138.55	154.85	154.85	122.25	138.55	16.30	151.59	154.85	154.85	18.75	18.75	154.85	16.30	122.25	16.30	17.12	
LAB FS	3001025	CREATINE KINASE(CK)/TOTAL	INP OR OUTPAT	82550	Lab	127.00	63.50	6.51	120.65	107.95	6.51	6.84	6.51	6.51	6.84	114.30	107.95	120.65	120.65	95.25	107.95	6.51	118.11	120.65	120.65	7.49	7.49	120.65	6.51	95.25	6.51	6.84		
LAB FS	3010024	CPK; MB FRACTION ONLY	INP OR OUTPAT	82553	Lab	372.00	186.00	11.55	353.40	316.20	11.55	12.13	11.55	11.55	11.55	12.13	334.80	316.20	353.40	353.40	279.00	316.20	11.55	345.96	353.40	353.40	13.28	13.28	353.40	11.55	279.00	11.55	12.13	
LAB FS	3010026	CREATININE, BLOOD	INP OR OUTPAT	82565	Lab	108.00	12.00	5.12	102.60	91.80	5.12	5.38	5.12	5.12	5.12	5.38	97.20	91.80	102.60	102.60	81.00	91.80	5.12	100.44	102.60	102.60	5.89	5.89	102.60	5.12	81.00	5.12	5.38	
LAB FS	3001115	CREATININE,OTHER SOURCE E /3315U	INP OR OUTPAT	82570	Lab	102.00	51.00	5.18	96.90	86.70	5.18	5.44	5.18	5.18	5.18	5.44	91.80	86.70	96.90	96.90	76.50	86.70	5.18	94.86	96.90	96.90	5.96	5.96	96.90	5.18	76.50	5.18	5.44	
LAB FS	3001346	CYANOCOBALAMIN (VITAMIN B-12)	INP OR OUTPAT	82607	Lab	106.00	53.00	15.08	100.70	90.10	15.08	15.83	15.08	15.08	15.08	15.83	95.40	90.10	100.70	100.70	79.50	90.10	15.08	98.58	100.70	100.70	17.34	17.34	100.70	15.08	79.50	15.08	15.83	
LAB FS	3001146	ESTRADIOL	INP OR OUTPAT	82670	Lab	224.00	112.00	27.94	212.80	190.40	27.94	29.34	27.94	27.94	27.94	29.34	201.60	190.40	212.80	212.80	168.00	190.40	27.94	208.32	212.80	212.80	32.13	32.13	212.80	27.94	168.00	27.94	29.34	
LAB FS	3001055	FERRITIN	INP OR OUTPAT	82728	Lab	121.																												

LAB FS	Hospital Selected	3000042	MYOGLOBIN	INP OR OUTPAT	83874	Lab	292.00	146.00	12.92	277.40	248.20	12.92	13.57	12.92	12.92	12.92	12.92	13.57	262.80	248.20	277.40	277.40	219.00	248.20	12.92	271.56	277.40	277.40	14.86	14.86	277.40	12.92	219.00	12.92	13.57
LAB FS	Hospital Selected	3000016	NATRIURETIC PEPTIDE	INP OR OUTPAT	83880	Lab	262.00	131.00	39.26	248.90	222.70	39.26	41.22	39.26	39.26	39.26	39.26	41.22	235.80	222.70	248.90	248.90	196.50	222.70	39.26	243.66	248.90	248.90	45.15	45.15	248.90	39.26	196.50	39.26	41.22
LAB FS	Hospital Selected	3001273	PARATHORMONE(PARATH YROID HORM)	INP OR OUTPAT	83970	Lab	215.00	107.50	41.28	204.25	182.75	41.28	43.34	41.28	41.28	41.28	41.28	43.34	193.50	182.75	204.25	204.25	161.25	182.75	41.28	199.95	204.25	204.25	47.47	47.47	204.25	41.28	161.25	41.28	43.34
LAB FS	Hospital Selected	3010039	PHOSPHORUS INORGANIC- PHOSPHATE	INP OR OUTPAT	84100	Lab	105.00	52.50	4.74	99.75	89.25	4.74	4.98	4.74	4.74	4.74	4.74	4.98	94.50	89.25	99.75	99.75	78.75	89.25	4.74	97.65	99.75	99.75	5.45	5.45	99.75	4.74	78.75	4.74	4.98
LAB FS	Hospital Selected	3010040	POTASSIUM- SERUM/PLASMA/ MAX.WM. BLD	INP OR OUTPAT	84132	Lab	108.00	54.00	4.76	102.60	91.80	4.76	5.00	4.76	4.76	4.76	4.76	5.00	97.20	91.80	102.60	102.60	81.00	91.80	4.76	100.44	102.60	102.60	5.47	5.47	102.60	4.76	81.00	4.76	5.00
LAB FS	Hospital Selected	3001285	PREALBUMIN	INP OR OUTPAT	84134	Lab	156.00	78.00	14.59	148.20	132.60	14.59	15.32	14.59	14.59	14.59	15.32	140.20	132.60	148.20	148.20	117.00	132.60	14.59	145.08	148.20	148.20	16.38	16.38	148.20	14.59	117.00	14.59	15.32	
LAB FS	Hospital Selected	3010066	PROCALCITONIN (PCT)	INP OR OUTPAT	84145	Lab	299.00	149.50	27.22	284.25	254.15	27.22	28.58	27.22	27.22	27.22	28.58	269.10	254.15	284.05	284.05	224.25	254.15	27.22	278.07	284.05	284.05	31.30	31.30	284.05	27.22	224.25	27.22	28.58	
LAB FS	Hospital Selected	3010042	PROTEIN;TOTAL;LX	INP OR OUTPAT	84155	Lab	108.00	54.00	3.67	102.60	91.80	3.67	3.85	3.67	3.67	3.67	3.67	3.85	97.20	91.80	102.60	102.60	81.00	91.80	3.67	100.44	102.60	102.60	4.22	4.22	102.60	3.67	81.00	3.67	3.85
LAB FS	Hospital Selected	3000068	PROTEIN;TOTAL;LX REFRACT SERUM	INP OR OUTPAT	84156	Lab	44.00	22.00	3.67	41.80	37.40	3.67	3.85	3.67	3.67	3.67	3.67	3.85	39.60	37.40	41.80	41.80	33.00	37.40	3.67	40.92	41.80	41.80	4.22	4.22	41.80	3.67	33.00	3.67	3.85
LAB FS	Hospital Selected	3010046	SODIUM;URINE	INP OR OUTPAT	84300	Lab	112.00	56.00	5.06	106.40	95.20	5.06	5.31	5.06	5.06	5.06	5.31	100.80	95.20	106.40	106.40	84.00	95.20	5.06	104.16	106.40	106.40	5.82	5.82	106.40	5.06	84.00	5.06	5.31	
LAB FS	Hospital Selected	3001319	TESTOSTERONE;FREE	INP OR OUTPAT	84402	Lab	201.00	100.50	25.47	190.95	170.85	25.47	26.74	25.47	25.47	25.47	26.74	180.90	170.85	190.95	190.95	150.75	170.85	25.47	186.93	190.95	190.95	29.29	29.29	190.95	25.47	150.75	25.47	26.74	
LAB FS	Hospital Selected	3001320	TESTOSTERONE; TOTAL	INP OR OUTPAT	84403	Lab	203.00	101.50	25.91	192.85	172.55	25.91	27.10	25.91	25.91	25.91	27.10	182.70	172.55	192.85	192.85	152.25	172.55	25.91	188.79	192.85	192.85	29.68	29.68	192.85	25.91	152.25	25.91	27.10	
LAB FS	Hospital Selected	3001389	THYROXINE TOTAL T4	INP OR OUTPAT	84436	Lab	48.00	24.00	6.87	45.60	40.80	6.87	7.21	6.87	6.87	6.87	7.21	43.20	40.80	45.60	45.60	36.00	40.80	6.87	44.64	45.60	45.60	7.90	7.90	45.60	6.87	36.00	6.87	7.21	
LAB FS	Hospital Selected	3010048	THYROXINE; FREE	INP OR OUTPAT	84439	Lab	158.00	79.00	9.02	150.10	134.30	9.02	9.47	9.02	9.02	9.02	9.47	142.20	134.30	150.10	150.10	118.50	134.30	9.02	146.94	150.10	150.10	10.37	10.37	150.10	9.02	118.50	9.02	9.47	
LAB FS	Hospital Selected	3010049	TRANSFERASE;ASPARTATE AMINO	INP OR OUTPAT	84450	Lab	108.00	54.00	5.18	102.60	91.80	5.18	5.44	5.18	5.18	5.18	5.44	97.20	91.80	102.60	102.60	81.00	91.80	5.18	100.44	102.60	102.60	5.96	5.96	102.60	5.18	81.00	5.18	5.44	
LAB FS	Hospital Selected	3001333	TRIOIODOTHYRONINE T3; FREE	INP OR OUTPAT	84481	Lab	263.00	131.50	16.94	249.85	223.55	16.94	17.79	16.94	16.94	16.94	17.79	236.70	223.55	249.85	249.85	197.25	223.55	16.94	244.59	249.85	249.85	19.48	19.48	249.85	16.94	197.25	16.94	17.79	
LAB FS	Hospital Selected	3001052	TROPONIN;QUANTITATIVE UREA NITROGEN	INP OR OUTPAT	84484	Lab	332.00	166.00	12.47	315.40	282.20	12.47	13.09	12.47	12.47	12.47	13.09	298.80	282.20	315.40	315.40	249.00	282.20	12.47	308.76	315.40	315.40	14.34	14.34	315.40	12.47	249.00	12.47	13.09	
LAB FS	Hospital Selected	3010018	TROPONIN;QUANTITATIVE UREA NITROGEN	INP OR OUTPAT	84520	Lab	108.00	54.00	3.95	102.60	91.80	3.95	4.15	3.95	3.95	3.95	4.15	97.20	91.80	102.60	102.60	81.00	91.80	3.95	100.44	102.60	102.60	4.54	4.54	102.60	3.95	81.00	3.95	4.15	
LAB FS	Hospital Selected	3010054	URIC ACID; BLOOD	INP OR OUTPAT	84550	Lab	108.00	54.00	4.52	102.60	91.80	4.52	4.75	4.52	4.52	4.52	4.75	97.20	91.80	102.60	102.60	81.00	91.80	4.52	100.44	102.60	102.60	5.20	5.20	102.60	4.52	81.00	4.52	4.75	
LAB FS	Hospital Selected	3010043	GONADOTROPIN;CHORIO NIC-QUANT	INP OR OUTPAT	84702	Lab	278.00	35.00	15.05	264.10	236.30	15.05	15.80	15.05	15.05	15.05	15.80	250.20	236.30	264.10	264.10	208.50	236.30	15.05	258.54	264.10	264.10	17.31	17.31	264.10	15.05	208.50	15.05	15.80	
LAB FS	Hospital Selected	3010031	GONADOTROPIN;CHORIO NIC; DUAL	INP OR OUTPAT	84703	Lab	185.00	23.00	7.52	175.75	157.25	7.52	7.90	7.52	7.52	7.52	7.90	166.50	157.25	175.75	175.75	138.75	157.25	7.52	172.05	175.75	175.75	8.65	8.65	175.75	7.52	138.75	7.52	7.90	
LAB FS	Hospital Selected	3005014	BLOOD COUNT; HEMATOCTB (HCT)	INP OR OUTPAT	85014	Lab	65.00	32.50	2.37	61.75	55.25	2.37	2.49	2.37	2.37	2.37	2.49	58.50	55.25	61.75	61.75	48.75	55.25	2.37	60.45	61.75	61.75	2.73	2.73	61.75	2.37	48.75	2.37	2.49	
LAB FS	Hospital Selected	3000035	BLOOD COUNT; HEMOGLOBIN (HGB)	INP OR OUTPAT	85018	Lab	65.00	32.50	2.37	61.75	55.25	2.37	2.49	2.37	2.37	2.37	2.49	58.50	55.25	61.75	61.75	48.75	55.25	2.37	60.45	61.75	61.75	2.73	2.73	61.75	2.37	48.75	2.37	2.49	
LAB FS	Hospital Selected	3050016	COUNT;PLATELET;AUTOMATED	INP OR OUTPAT	85049	Lab	108.00	54.00	4.48	102.60	91.80	4.48	4.70	4.48	4.48	4.48	4.70	97.20	91.80	102.60	102.60	81.00	91.80	4.48	100.44	102.60	102.60	5.15	5.15	102.60	4.48	81.00	4.48	4.70	
LAB FS	Hospital Selected	3001056	FIBRIN DEGRADATION PRODUCT;D-DIM;QUANT	INP OR OUTPAT	85379	Lab	203.00	101.50	10.18	192.85	172.55	10.18	10.69	10.18	10.18	10.18	10.69	182.70	172.55	192.85	192.85	152.25	172.55	10.18	188.79	192.85	192.85	11.71	11.71	192.85	10.18	152.25	10.18	10.69	
LAB FS	Hospital Selected	3050018	SEDIMENTATION RATE;NON-AUTOMAT	INP OR OUTPAT	85651	Lab	105.00	52.50	4.27	99.75	89.25	4.27	4.48	4.27	4.27	4.27	4.48	94.50	89.25	99.75	99.75	78.75	89.25	4.27	97.65	99.75	99.75	4.91	4.91	99.75	4.27	78.75	4.27	4.48	
LAB FS	Hospital Selected	3001063	ANTINUCLEAR ANTIBODY	INP OR OUTPAT	86038	Lab	101.00	50.50	12.09	95.95	85.85	12.09	12.69	12.09	12.09	12.69	120.90	90.95	95.95	95.95	75.75	85.85	12.09	93.93	95.95	95.95	13.90	13.90	95.95	12.09	75.75	12.09	12.69		
LAB FS	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	5.18	5.18	5.18	5.44	96.30	90.95	101.65	101.65	80.95	90.95	5.18	99.51	101.65	101.65	5.96	5.96	101.65	5.18	80.95	5.18	5.44	
LAB FS	Hospital Selected	3002005	HETEROEPHILE ANTIBODIES; SCREEN	INP OR OUTPAT	86308	Lab	177.00	88.50	5.18	168.15	150.45	5.18	5.44	5.18	5.18	5.18	5.44	159.30	150.45	168.15	168.15	132.75	150.45	5.18	164.61	168.15	168.15	5.96	5.96	168.15	5.18	132.75	5.18	5.44	
LAB FS	Hospital Selected	3001215	IMMUNOASSAY; INF AGT;QUANT;NES	INP OR OUTPAT	86317	Lab	111.00	55.50	14.99	105.45	94.35	14.99	15.74	14.99	14.99	14.99	15.74	99.90	94.35	105.45	105.45	83.25	94.35	14.99	103.23	105.45	105.45	17.24	17.24	105.45	14.99	83.25	14.99	15.74	
LAB FS	Hospital Selected	3001303	RHEUMATOID FACTOR;QUANTITATIVE TB CELL MED IMM MEAS	INP OR OUTPAT	86431	Lab	70.00	35.00	5.67	66.50	59.50	5.67	5.95	5.67	5.67	5.67	5.95	63.00	59.50	66.50	66.50	52.50	59.50	5.67	65.10	66.50	66.50	6.52	6.52	66.50	5.67	52.50	5.67	5.95	
LAB FS	Hospital Selected	3001076	BLOOD TYPING;RH (D)	INP OR OUTPAT	86480	Lab	294.00	147.00	61.98	279.30	249.90	61.98	65.08	61.98	61.98																				



LAB FS	Hospital Selected	3060031	HIV-1 ANTIGEN/W HIV-2 IBHIV 2.3R	INP OR OUTPAT	87389	Lab	179.00	89.50	24.08	170.05	152.15	24.08	25.28	24.08	24.08	24.08	24.08	25.28	161.10	152.15	170.05	170.05	134.25	152.15	24.08	166.47	170.05	170.05	27.69	27.69	170.05	24.08	134.25	24.08	25.28
LAB FS	Hospital Selected	3060010	CLOSTRIDIUM DIFFICILE TOXINS I	INP OR OUTPAT	87493	Lab	248.00	124.00	37.27	235.60	210.80	37.27	39.13	37.27	37.27	37.27	37.27	39.13	223.20	210.80	235.60	235.60	186.00	210.80	37.27	230.64	235.60	235.60	42.86	42.86	235.60	37.27	186.00	37.27	39.13
LAB FS	Hospital Selected	GJ PANEL	IAD NA-GI PATHOGEN 12- 25 TRIGETS	INP OR OUTPAT	87507	Lab	811.00	405.50	416.78	770.45	689.35	416.78	437.62	416.78	416.78	416.78	416.78	437.62	729.90	689.35	770.45	770.45	608.25	689.35	416.78	754.23	770.45	770.45	479.30	479.30	770.45	416.78	608.25	416.78	437.62
LAB FS	Hospital Selected	3001506	INFECT AGT DNA/RNA/ANG-DPT	INP OR OUTPAT	87591	Lab	182.00	91.00	35.09	172.90	154.70	35.09	36.84	35.09	35.09	35.09	35.09	36.84	163.80	154.70	172.90	172.90	136.50	154.70	35.09	169.26	172.90	172.90	40.35	40.35	172.90	35.09	136.50	35.09	36.84
LAB FS	Hospital Selected	3060028	VAGINITIS SCREEN CELL COUNT BODY FLUIDS W/DIFF	INP OR OUTPAT	87800	Lab	278.00	139.00	43.67	264.10	236.30	43.67	45.85	43.67	43.67	43.67	43.67	45.85	250.20	236.30	264.10	264.10	208.50	236.30	43.67	258.54	264.10	264.10	50.22	50.22	264.10	43.67	208.50	43.67	45.85
LAB FS	Hospital Selected	3000014	PSA SCREENING	INP OR OUTPAT	G0103	Lab	202.00	101.00	19.31	191.90	171.70	19.31	20.28	19.31	19.31	19.31	19.31	20.28	181.80	171.70	191.90	191.90	151.50	171.70	19.31	187.86	191.90	191.90	22.21	22.21	191.90	19.31	151.50	19.31	20.28
For MCR G0101 = 69.62	Hospital Selected	5100054	INITIAL ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION (18-39)	OUTPAT	99395	Medicine and Surgery Services	221.00	110.50	69.62	209.95	187.85	69.62	73.10	91.18	91.18	91.18	69.62	73.10	198.90	187.85	209.95	209.95	165.75	187.85	69.62	205.53	209.95	209.95	80.06	80.06	209.95	69.62	165.75	69.62	73.10
For MCR G0101 = 69.62	Hospital Selected	5100055	INITIAL ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION (40-59)	OUTPAT	99396	Medicine and Surgery Services	221.00	110.50	69.62	209.95	187.85	69.62	73.10	98.75	98.75	98.75	69.62	73.10	198.90	187.85	209.95	209.95	165.75	187.85	69.62	205.53	209.95	209.95	80.06	80.06	209.95	69.62	165.75	69.62	73.10
	Hospital Selected	7610170	BRONCHOSCOPY/W/ALVE OLAR LVG-CP	INP OR OUTPAT	31624	Respiratory	4,168.00	2,084.00	1,430.61	3,959.60	3,542.80	1,598.56	1,678.49	1,430.61	1,430.61	1,430.61	1,598.56	1,678.49	3,751.20	3,542.80	3,959.60	3,959.60	3,126.00	3,542.80	1,598.56	3,876.24	3,959.60	3,959.60	1,838.34	1,838.34	3,959.60	1,598.56	3,126.00	1,598.56	1,678.49
	Hospital Selected	3000003	GASES,BLD A/C/OMB (BY CARDIAC CP)	INP OR OUTPAT	87303	Respiratory	395.00	197.50	26.07	375.25	335.75	26.07	27.37	26.07	26.07	26.07	27.37	355.50	335.75	375.25	375.25	296.25	335.75	26.07	367.35	375.25	375.25	29.98	29.98	375.25	26.07	296.25	26.07	27.37	
	Hospital Selected	3000074	SPUTUM,OBTAI/N/SPECIME N,SUCTION	INP OR OUTPAT	89220	Respiratory	373.00	186.50	143.50	354.35	317.05	157.25	165.11	143.50	143.50	143.50	157.25	165.11	335.70	317.05	354.35	354.35	279.75	317.05	157.25	346.89	354.35	354.35	180.84	180.84	354.35	157.25	279.75	157.25	165.11
	Hospital Selected	4800001	CARDIOVERSION EXTERNAL,RESP	INP OR OUTPAT	92960	Respiratory	2,267.00	1,133.50	536.46	2,153.65	1,926.95	588.14	617.55	536.46	536.46	536.46	588.14	617.55	2,040.30	1,926.95	2,153.65	2,153.65	1,700.25	1,926.95	588.14	2,108.31	2,153.65	2,153.65	676.36	676.36	2,153.65	588.14	1,700.25	588.14	617.55
	Hospital Selected	4820001	CARDIO STRESS TST,TRACING ONLY	INP OR OUTPAT	93017	Respiratory	1,115.00	557.50	253.10	1,059.25	947.75	280.06	294.06	253.10	253.10	253.10	280.06	294.06	1,003.50	947.75	1,059.25	1,059.25	836.25	947.75	280.06	1,036.95	1,059.25	1,059.25	322.07	322.07	1,059.25	280.06	836.25	280.06	294.06
	Hospital Selected	4600002	BRONCHOSCOPY RSPN/PFT PRE/POST	INP OR OUTPAT	94060	Respiratory	771.00	385.50	47.21	732.45	655.35	280.06	294.06	47.21	47.21	47.21	280.06	294.06	693.90	655.35	732.45	732.45	578.25	655.35	280.06	717.03	732.45	732.45	322.07	322.07	732.45	280.06	578.25	280.06	294.06
	Hospital Selected	4100020	VITAL CAPACITY,TOTAL,PEAK FLOW	INP OR OUTPAT	94150	Respiratory	416.00	208.00	138.35	395.20	353.60	145.43	152.70	138.35	138.35	138.35	145.43	152.70	374.40	353.60	395.20	395.20	312.00	353.60	145.43	386.88	395.20	395.20	167.24	167.24	395.20	145.43	312.00	145.43	152.70
	Hospital Selected	4100025	INHALATION TRT,EZ PAP INITIAL	INP OR OUTPAT	94640	Respiratory	585.00	292.50	183.96	555.75	497.25	191.50	201.08	183.96	183.96	183.96	191.50	201.08	526.50	497.25	555.75	555.75	438.75	497.25	191.50	544.05	555.75	555.75	220.23	220.23	555.75	191.50	438.75	191.50	201.08
	Hospital Selected	4600009	BIPAP	INP OR OUTPAT	94660	Respiratory	567.00	283.50	183.96	538.65	481.95	191.50	201.08	183.96	183.96	183.96	191.50	201.08	510.30	481.95	538.65	538.65	425.25	481.95	191.50	527.31	538.65	538.65	220.23	220.23	538.65	191.50	425.25	191.50	201.08
	Hospital Selected	4100014	MANIP CHEST WALL,CPT,PO	INP OR OUTPAT	94667	Respiratory	204.00	102.00	109.03	193.80	173.40	116.11	121.92	109.03	109.03	109.03	116.11	121.92	183.60	173.40	193.80	193.80	153.00	173.40	116.11	189.72	193.80	193.80	133.53	133.53	193.80	116.11	153.00	116.11	121.92
	Hospital Selected	4600015	THORACIC CATH VLM/RESIS TO AF	INP OR OUTPAT	94726	Respiratory	771.00	385.50	253.10	732.45	655.35	280.06	294.06	253.10	253.10	253.10	280.06	294.06	693.90	655.35	732.45	732.45	578.25	655.35	280.06	717.03	732.45	732.45	322.07	322.07	732.45	280.06	578.25	280.06	294.06
	Hospital Selected	4100007	LV:DET MAL- DISTRIB,INSPRO GAS	INP OR OUTPAT	94727	Respiratory	464.00	232.00	138.35	440.80	394.40	145.43	152.70	138.35	138.35	138.35	145.43	152.70	417.60	394.40	440.80	440.80	348.00	394.40	145.43	431.52	440.80	440.80	167.24	167.24	440.80	145.43	348.00	145.43	152.70
Incidental code for MCR, add on to primary will be packaged. No separate \$.	Hospital Selected	4600017	CRCT(CM,MM,BBN) DLCO	INP OR OUTPAT	94729	Respiratory	127.00	63.50	0.00	120.65	107.95	0.00	0.00	46.85	46.85	46.85	0.00	0.00	114.30	107.95	120.65	120.65	95.25	107.95	0.00	118.11	120.65	120.65	0.00	0.00	120.65	0.00	95.25	0.00	0.00
	Hospital Selected	9200022	HOME SLEEP STUDY,W/ SLEEP TIME	OUTPAT	95800	Respiratory	708.00	354.00	129.38	672.60	601.80	145.43	152.70	129.38	129.38	129.38	145.43	152.70	637.20	601.80	672.60	672.60	531.00	601.80	145.43	658.44	672.60	672.60	167.24	167.24	672.60	145.43	531.00	145.43	152.70
	Hospital Selected	7400008	EEG,+REC AWAKE & ASLEEP W/O I	INP OR OUTPAT	95819	Respiratory	684.00	342.00	280.06	649.80	581.40	280.06	294.06	375.89	375.89	375.89	280.06	294.06	615.60	581.40	649.80	649.80	513.00	581.40	280.06	636.12	649.80	649.80	322.07	322.07	649.80	280.06	513.00	280.06	294.06
PRO FS	Hospital Selected	4421001	TREATMENT SPEECH/LANGUAGE, VOICE, COMMUNICATION AND/OR AUDITORY PROCESSING DISORDER-INDIVIDUAL EVALUATION OF SPEECH SOUND, WITH EVALUATION OF LANGUAGE COMPREHENSION AND	INP OR OUTPAT	92507	Therapy	243.00	121.50	75.34	230.85	206.55	75.34	79.11	80.37	80.37	80.37	75.34	79.11	218.70	206.55	230.85	230.85	182.25	206.55	75.34	225.99	230.85	230.85	86.64	86.64	230.85	75.34	182.25	75.34	79.11
PRO FS	Hospital Selected	4441006	EXPRESSION BEHAVIOR/QUALITATIVE ANALYSIS OF VOICE & RESONANCE	INP OR OUTPAT	92523	Therapy	572.00	286.00	199.66	543.40	486.20	224.45	235.67	199.66	199.66	199.66	224.45	235.67	514.80	486.20	543.40	543.40	429.00	486.20	224.45	531.96	543.40	543.40	258.12	258.12	543.40	224.45	429.00	224.45	235.67
PRO FS	Hospital Selected	4441007	TREATMENT OR SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	INP OR OUTPAT	92526	Therapy	276.00	138.00	90.46	262.20	234.60	108.07	113.47	90.46	90.46	90.46	108.07	113.47	248.40	234.60	262.20	262.20	207.00	234.60	108.07	256.68	262.20	262.20	124.28	124.28	262.20	108.07	207.00	108.07	113.47
PRO FS	Hospital Selected	4421002	FEEDING	INP OR OUTPAT	92526	Therapy	264.00	132.00	83.46	250.80	224.40	83.46	87.63	87.94	87.94	87.94	83.46	87.63	237.60	224.40	250.80	250.80	198.00	224.40	83.46	245.52	250.80	250.80	95.98	95.98	250.80	83.46	198.00	83.46	87.63
PRO FS	Hospital Selected	4441003	FEEDING	INP OR OUTPAT	92610	Therapy	556.00	278.00	74.24	528.20	472.60	83.39	87.56	74.24	74.24	74.24	83.39	87.56	500.40	472.60	528.20	528.20	417.00	472.60	83.39	517.08	528.20	528.20	95.90	95.90	528.20	83.39	417.00	83.39	87.56
PRO FS	Hospital Selected	4441002	BARIUM SWALLOW STUDY: MOTION FLUOROSCOPIC SWALLOWING BY VIDEO	INP OR OUTPAT	92611	Therapy	556.00	278.00	89.64	528.20	472.60	89.64	94.12	91.90	91.90	91																			

PRO FS	Hospital Selected	4241003	PT EVAL-LW 20MINS	INP OR OUTPAT	97161	Therapy	406.00	203.00	86.49	385.70	345.10	98.93	103.88	86.49	86.49	86.49	98.93	103.88	365.40	345.10	385.70	385.70	304.50	345.10	98.93	377.58	385.70	385.70	113.77	113.77	385.70	98.93	304.50	98.93	103.88
PRO FS	Hospital Selected	4241004	PT EVAL-MODERATE 30MINS	INP OR OUTPAT	97162	Therapy	420.00	210.00	86.49	399.00	357.00	98.93	103.88	86.49	86.49	86.49	98.93	103.88	378.00	357.00	399.00	399.00	315.00	357.00	98.93	390.60	399.00	399.00	113.77	113.77	399.00	98.93	315.00	98.93	103.88
PRO FS	Hospital Selected	4241005	PT EVAL-HIGH 30MINS PHYSICAL THERAPY RE-EVAL	INP OR OUTPAT	97163	Therapy	433.00	216.50	86.49	411.35	368.05	98.93	103.88	86.49	86.49	86.49	98.93	103.88	389.70	368.05	411.35	411.35	324.75	368.05	98.93	402.69	411.35	411.35	113.77	113.77	411.35	98.93	324.75	98.93	103.88
PRO FS	Hospital Selected	4241002	OT EVAL-LW 30MINS	INP OR OUTPAT	97164	Therapy	193.00	96.50	58.74	183.35	164.05	68.33	71.75	58.74	58.74	58.74	68.33	71.75	173.70	164.05	183.35	183.35	144.75	164.05	68.33	179.49	183.35	183.35	78.58	78.58	183.35	68.33	144.75	68.33	71.75
PRO FS	Hospital Selected	4341003	OT EVAL-LW 30MINS	INP OR OUTPAT	97165	Therapy	406.00	203.00	92.98	385.70	345.10	98.93	103.88	92.98	92.98	92.98	98.93	103.88	365.40	345.10	385.70	385.70	304.50	345.10	98.93	377.58	385.70	385.70	113.77	113.77	385.70	98.93	304.50	98.93	103.88
PRO FS	Hospital Selected	4341004	OT EVAL-MODERATE 45MINS	INP OR OUTPAT	97166	Therapy	420.00	210.00	92.98	399.00	357.00	98.93	103.88	92.98	92.98	92.98	98.93	103.88	378.00	357.00	399.00	399.00	315.00	357.00	98.93	390.60	399.00	399.00	113.77	113.77	399.00	98.93	315.00	98.93	103.88
PRO FS	Hospital Selected	4341005	OT EVAL-HIGH 30MINS OCCUPATIONAL THERAPY RE-EVAL	INP OR OUTPAT	97167	Therapy	433.00	216.50	92.98	411.35	368.05	98.93	103.88	92.98	92.98	92.98	98.93	103.88	389.70	368.05	411.35	411.35	324.75	368.05	98.93	402.69	411.35	411.35	113.77	113.77	411.35	98.93	324.75	98.93	103.88
PRO FS	Hospital Selected	4341002	THERAPY ACTIVITY DIRECT PATIENT CONTACT EACH 15 MINUTES	INP OR OUTPAT	97168	Therapy	193.00	96.50	63.79	183.35	164.05	68.01	71.41	63.79	63.79	63.79	68.01	71.41	173.70	164.05	183.35	183.35	144.75	164.05	68.01	179.49	183.35	183.35	78.21	78.21	183.35	68.01	144.75	68.01	71.41
PRO FS	Hospital Selected	4311020	SELF-CARE/HOME MANAGEMENT TRAINING DIRECT ONE ON ONE CONTACT, EACH 15 MINUTES	INP OR OUTPAT	97530	Therapy	174.00	87.00	36.41	165.30	147.90	36.41	38.23	40.72	40.72	40.72	36.41	38.23	156.60	147.90	165.30	165.30	130.50	147.90	36.41	161.82	165.30	165.30	41.87	41.87	165.30	36.41	130.50	36.41	38.23
PRO FS	Hospital Selected	4301018	OT-ORTHOFITTING/TRAINING 1ST EACH 15 MINUTES	INP OR OUTPAT	97535	Therapy	204.00	102.00	32.25	193.80	173.40	32.25	33.86	34.96	34.96	34.96	32.25	33.86	183.60	173.40	193.80	193.80	153.00	173.40	32.25	189.72	193.80	193.80	37.09	37.09	193.80	32.25	153.00	32.25	33.86
PRO FS	Hospital Selected	4301003	WC-DEBRIDE-SKIN/ESBQ 1ST 20SQ CM	INP OR OUTPAT	97760	Therapy	148.00	74.00	47.46	140.60	125.80	47.46	49.83	48.65	48.65	48.65	47.46	49.83	133.20	125.80	140.60	140.60	111.00	125.80	47.46	137.64	140.60	140.60	54.58	54.58	140.60	47.46	111.00	47.46	49.83
Hospital Selected		7611023	WC-PARING/CUTTING BEN LESION, 1	INP OR OUTPAT	11042	Wound Care	973.00	486.50	319.51	924.35	827.05	373.07	391.72	319.51	319.51	319.51	373.07	391.72	875.70	827.05	924.35	924.35	729.75	827.05	373.07	904.89	924.35	924.35	429.03	429.03	924.35	373.07	729.75	373.07	391.72
Hospital Selected		7611035	WC-DEBRIDE NAIL & OR MORE	INP OR OUTPAT	11055	Wound Care	539.00	269.50	174.73	512.05	458.15	180.58	189.61	174.73	174.73	180.58	189.61	485.10	458.15	512.05	512.05	404.25	458.15	180.58	501.27	512.05	512.05	207.67	207.67	512.05	180.58	404.25	180.58	189.61	
Hospital Selected		7611087	WC-S GRAFT BODY, 1ST 25SQ CM	INP OR OUTPAT	11721	Wound Care	184.00	92.00	55.01	174.80	156.40	57.48	60.35	55.01	55.01	55.01	57.48	60.35	165.60	156.40	174.80	174.80	138.00	156.40	57.48	171.12	174.80	174.80	66.10	66.10	174.80	57.48	138.00	57.48	60.35
Hospital Selected		7611076	WC-S GRAFT HEAD/EXTREMITY, 1ST 25SQ CM	INP OR OUTPAT	15271	Wound Care	4,821.00	2,410.50	1,622.74	4,579.95	4,097.85	1,725.86	1,812.15	1,622.74	1,622.74	1,622.74	1,725.86	1,812.15	4,338.90	4,097.85	4,579.95	4,579.95	3,615.75	4,097.85	1,725.86	4,483.53	4,579.95	4,579.95	1,984.74	1,984.74	4,579.95	1,725.86	3,615.75	1,725.86	1,812.15
Hospital Selected		7611080	WC-DRESSING/DEBRIDEMENT BURN (SQ/SQ)	INP OR OUTPAT	16020	Wound Care	539.00	269.50	174.73	512.05	458.15	180.58	189.61	174.73	174.73	180.58	189.61	485.10	458.15	512.05	512.05	404.25	458.15	180.58	501.27	512.05	512.05	207.67	207.67	512.05	180.58	404.25	180.58	189.61	
Hospital Selected		7611041	WC-CHEMICAL CAUTERIZ GRN TISSUE	INP OR OUTPAT	17250	Wound Care	539.00	269.50	174.73	512.05	458.15	180.58	189.61	174.73	174.73	180.58	189.61	485.10	458.15	512.05	512.05	404.25	458.15	180.58	501.27	512.05	512.05	207.67	207.67	512.05	180.58	404.25	180.58	189.61	
Hospital Selected		7611031	WC-LINNA BOOT APPLICATION	INP OR OUTPAT	29580	Wound Care	442.00	221.00	42.22	419.90	375.70	145.76	153.05	42.22	42.22	42.22	145.76	153.05	397.80	375.70	419.90	419.90	331.50	375.70	145.76	411.06	419.90	419.90	167.62	167.62	419.90	145.76	331.50	145.76	153.05
Hospital Selected		7611055	WC-REMOVE TISSUE FROM WOUND, 5 1ST 20SQ CM	INP OR OUTPAT	97597	Wound Care	539.00	269.50	24.51	512.05	458.15	180.58	189.61	24.51	24.51	24.51	180.58	189.61	485.10	458.15	512.05	512.05	404.25	458.15	180.58	501.27	512.05	512.05	207.67	207.67	512.05	180.58	404.25	180.58	189.61
Incidental code for MCR, add on to primary will be packaged. No separate \$.	Hospital Selected	7611056	WC-REMOVE TISSUE FROM WOUND, 5 (A 20SQ) CM	INP OR OUTPAT	97598	Wound Care	378.00	189.00	0.00	359.10	321.30	0.00	0.00	11.53	11.53	11.53	0.00	0.00	340.20	321.30	359.10	359.10	283.50	321.30	0.00	351.54	359.10	359.10	0.00	0.00	359.10	0.00	283.50	0.00	0.00
Hospital Selected		7611049	WC-NON-SELECTIVE WOUND DEBRIDEMENT	INP OR OUTPAT	97602	Wound Care	539.00	269.50	174.73	512.05	458.15	180.58	189.61	174.73	174.73	180.58	189.61	485.10	458.15	512.05	512.05	404.25	458.15	180.58	501.27	512.05	512.05	207.67	207.67	512.05	180.58	404.25	180.58	189.61	
Hospital Selected		7611050	WC-NEGATIVE PRESSURE WOUND THERP WITH DME (U/T 50SQ CM)	INP OR OUTPAT	97605	Wound Care	540.00	270.00	174.73	513.00	459.00	180.58	189.61	174.73	174.73	180.58	189.61	486.00	459.00	513.00	513.00	405.00	459.00	180.58	502.20	513.00	513.00	207.67	207.67	513.00	180.58	405.00	180.58	189.61	
Hospital Selected		7611095	WC-NEGATIVE PRESSURE WOUND THERAPY WITHOUT DME U/T 50CM	INP OR OUTPAT	97607	Wound Care	967.00	483.50	23.43	918.65	821.95	373.07	391.72	23.43	23.43	23.43	373.07	391.72	870.30	821.95	918.65	918.65	725.25	821.95	373.07	899.31	918.65	918.65	429.03	429.03	918.65	373.07	725.25	373.07	391.72
Hospital Selected		4130120	HYPERBARIC OXYGEN, FBC 120 MINS	INP OR OUTPAT	G0277	Wound Care	1,878.00	939.00	115.06	1,784.10	1,596.30	125.07	131.32	115.06	115.06	115.06	125.07	131.32	1,690.20	1,596.30	1,784.10	1,784.10	1,408.50	1,596.30	125.07	1,746.54	1,784.10	1,784.10	143.83	143.83	1,784.10	125.07	1,408.50	125.07	131.32