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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Charge Description** | **CPT** | **Fee Type** | **Gross Charge** | **Discounted Cash Price** | **Payer‐Specified**  **Negotiated**  **Charge** | **De‐Identified**  **Minimum** | **De‐Identified**  **Maximum** |
| Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities | 216 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Spinal fusion except cervical without major comorbid conditions or complications (MCC) | 460 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC) | 470 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC) | 473 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Uterine and adnexa procedures for non‐malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC) | 743 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Removal of one or more breast growth, open procedure | 19120 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Shaving of shoulder bone using an endoscope | 29826 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Removal of one knee cartilage using an endoscope | 29881 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Removal of tonsils and adenoid glands patient younger than age 12 | 42820 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope | 43235 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope | 43235 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope | 43239 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope | 43239 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Diagnostic examination of large bowel using an endoscope | 45378 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Diagnostic examination of large bowel using an endoscope | 45378 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Biopsy of large bowel using an endoscope | 45380 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Biopsy of large bowel using an endoscope | 45380 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Removal of polyps or growths of large bowel using an endoscope | 45385 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Removal of polyps or growths of large bowel using an endoscope | 45385 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Ultrasound examination of lower large bowel using an endoscope | 45391 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Removal of gallbladder using an endoscope | 47562 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Repair of groin hernia patient age 5 years or older | 49505 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Biopsy of prostate gland | 55700 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Surgical removal of prostate and surrounding lymph nodes using an endoscope | 55866 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Routine obstetric care for vaginal delivery, including pre and post delivery care | 59400 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Routine obstetric care for cesarean delivery, including pre and post delivery care | 59510 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Routine obstetric care for vaginal delivery after prior cesarean delivery, including pre and post delivery care | 59610 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Injection of substance into spinal canal of lower back or sacrum using imaging guidance | 62322 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Injection of substance into spinal canal of lower back or sacrum using imaging guidance | 62323 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance | 64483 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Removal of recurring cataract in lens capsule using laser | 66821 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Removal of cataract with insertion of lens | 66984 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| CT scan, head or brain, without contrast | 70450 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| CT scan, head or brain, without contrast | 70450 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| MRI scan of brain before and after contrast | 70553 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| X‐Ray, lower back, minimum four views | 72110 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| MRI scan of lower spinal canal | 72148 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| CT scan, pelvis, with contrast | 72193 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| CT scan, pelvis, with contrast | 72193 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| MRI scan of leg joint | 73721 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| CT scan of abdomen and pelvis with contrast | 74177 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| CT scan of abdomen and pelvis with contrast | 74177 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Ultrasound of abdomen | 76700 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus | 76805 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Ultrasound pelvis through vagina | 76830 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Mammography of one breast | 77065 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Mammography of one breast | 77065 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Mammography of both breasts | 77066 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Mammography of both breasts | 77066 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Mammography, screening bilateral | 77067 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Mammography, screening bilateral | 77067 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Basic metabolic panel | 80048 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| Blood test, comprehensive group of blood chemicals | 80053 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| Obstetric blood panel test | 80055 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Blood test, lipids (cholesterol and triglycerides) | 80061 | Technical | Cost | Cost | Cost | Cost | Cost |
| Kidney function panel test | 80069 | Technical | Cost | Cost | Cost | Cost | Cost |
| Liver function blood test panel | 80076 | Technical | Cost | Cost | Cost | Cost | Cost |
| Manual urinalysis test with examination using microscope | 81000 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Manual urinalysis test with examination using microscope | 81001 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| Automated urinalysis test | 81002 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Automated urinalysis test | 81003 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| PSA (prostate specific antigen) | 84153 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| PSA (prostate specific antigen) | 84154 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Blood test, thyroid stimulating hormone (TSH) | 84443 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| Complete blood cell count, with differential white blood cells, automated | 85025 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| Complete blood count, automated | 85027 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| Blood test, clotting time | 85610 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| Coagulation assessment blood test | 85730 | Technical | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost | Purchased  Services Offered at Cost |
| Psychotherapy, 30 min | 90832 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Psychotherapy, 45 min | 90834 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Psychotherapy, 60 min | 90837 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Family Psychotherapy, not including patient, 50 min | 90846 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Family Psychotherapy, including patient, 50 min | 90847 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Group Psychotherapy | 90853 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Electrocardiogram, routine with interpretation and report | 93000 | Technical | $83.00 | $83.00 | $83.00 | $83.00 | $83.00 |
| Insertion of catheter into left heart for diagnosis | 93452 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Sleep study | 95810 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Physical therapy, therapeutic exercise | 97110 | Technical | $39.00 | $39.00 | $39.00 | $39.00 | $39.00 |
| New Patient office or other outpatient visit, typically 30 min | 99203 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| New Patient office or other outpatient visit, typically 45 min | 99204 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| New Patient office or other outpatient visit, typically 60 min | 99205 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Patient office consultation, typically 40 min | 99243 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Patient office consultation, typically 60 min | 99244 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Initial new patient preventative medicine evaluation (18‐39 years) | 99385 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |
| Initial new patient preventative medicine evaluation (40‐64 years) | 99386 | N/A | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered | Service Not Offered |