

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Description	Location Provided	Gross Charge	Aetna Health Plan:	Aetna Health Plan:	Aetna Health Plan:	Devon Health	Amerigroup	Amerihealth:	Amerihealth:	Consumer Health	Correctional Medical Services, In.	Coventry Health Care
						Better Health	Commercial	Medicare	Services (FKA Americare)		HMO and PPO	Medicare	Network: PPO		(FKA CCN and FirstHealth)
1		85027	Complete Blood Count, Automated	IP/OP	33.00	10.38	12.54	6.47	24.75	10.59	Contact UH	6.47	31.35	26.40	23.10
2		80053	Blood Test, Comprehensive Group Of Blood Chemicals	IP/OP	53.00	16.67	20.14	16.32	39.75	17.00	Contact UH	10.56	50.35	42.40	37.10
3		80061	Blood Test, Lipids (Cholesterol And Triglycerides)	IP/OP	123.00	38.70	46.74	13.39	92.25	39.46	Contact UH	13.39	116.85	98.40	86.10
4		84153	Psa (Prostate Specific Antigen)	IP/OP	161.00	50.65	61.18	18.39	120.75	51.65	Contact UH	18.39	152.95	128.80	112.70
5		80076	Liver Function Blood Test Panel	IP/OP	68.00	21.39	25.84	8.17	51.00	21.81	Contact UH	8.17	64.60	54.40	47.60
6		70450	Ct Scan, Head Or Brain, Without Contrast	IP/OP	2498.00	785.87	200.18	125.74	1873.50	801.36	Contact UH	125.74	2373.10	1998.40	1748.60
7		74177	Ct Scan Of Abdomen And Pelvis With Contrast	IP/OP	1545.00	486.06	700.21	439.83	1158.75	495.64	Contact UH	439.83	1467.75	1236.00	1081.50
8		81001	Manual Urinalysis Test With Examination Using Microscope	IP/OP	36.00	11.33	13.68	11.09	27.00	11.55	Contact UH	3.17	34.20	28.80	25.20
9		76830	Ultrasound Pelvis Through Vagina	IP/OP	476.00	149.75	200.18	125.74	357.00	152.70	Contact UH	125.74	452.20	380.80	333.20
10		62323	Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum Using Imaging Guidance	IP/OP	2381.00	749.06	1259.11	790.90	1785.75	763.82	Contact UH	790.90	2261.95	1904.80	1666.70
11		85610	Blood Test, Clotting Time	IP/OP	43.00	13.53	16.34	4.29	32.25	13.79	Contact UH	4.29	40.85	34.40	30.10
12		85730	Coagulation Assessment Blood Test	IP/OP	51.00	16.04	19.38	6.01	38.25	16.36	Contact UH	6.01	48.45	40.80	35.70
13		80048	Basic Metabolic Panel	IP/OP	65.00	20.45	24.70	8.46	48.75	20.85	Contact UH	8.46	61.75	52.00	45.50
14		72193	Ct Scan, Pelvis, With Contrast	IP/OP	1670.00	525.38	334.53	210.13	1252.50	535.74	Contact UH	210.13	1586.50	1336.00	1169.00
15		93452	Insertion Of Catheter Into Left Heart For Diagnosis	OP	13982.00	4398.74	5932.95	3726.73	10486.50	4485.43	Contact UH	3726.73	13282.90	11185.60	9787.40
16		76700	Ultrasound Of Abdomen	IP/OP	488.00	153.52	200.18	150.30	366.00	156.55	Contact UH	125.74	463.60	390.40	341.60
17		73721	Mri Scan Of Leg Joint	IP/OP	1789.00	562.82	446.14	551.01	1341.75	573.91	Contact UH	280.24	1699.55	1431.20	1252.30
18		59400	Routine Obstetric Care For Vaginal Delivery, Including Pre-And Post-Delivery Care	IP/OP	8062.00	2536.31	3063.56	2483.10	6046.50	2586.29	Contact UH	N/A	7658.90	6449.60	5643.40
19		77067	Mammography, Screening, Bilateral	IP/OP	487.00	153.21	185.06	150.00	365.25	156.23	Contact UH	N/A	462.65	389.60	340.90
20		43239	Biopsy Of The Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	IP/OP	2840.00	893.46	1650.46	1036.72	2130.00	911.07	Contact UH	1036.72	2698.00	2272.00	1988.00
21		43235	Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	IP/OP	2130.00	670.10	1650.46	1036.72	1597.50	683.30	Contact UH	1036.72	2023.50	1704.00	1491.00
22		72110	X-Ray, Lower Back, Minimum Four Views	IP/OP	384.00	120.81	200.18	118.27	288.00	123.19	Contact UH	125.74	364.80	307.20	268.80
23		64483	Injections Of Anesthetic And/Or Steroid Drug Into Lower Or Sacral Spine Nerve Root Using Imaging	IP/OP	1159.00	364.62	1659.56	356.97	869.25	371.81	Contact UH	1042.44	1101.05	927.20	811.30
24		45385	Removal Of Polyps Or Growths Of Large Bowel Using An Endoscope	IP/OP	2840.00	893.46	2148.58	874.72	2130.00	911.07	Contact UH	1349.61	2698.00	2272.00	1988.00
25		77066	Mammography Of Both Breasts	IP/OP	515.00	162.02	195.70	158.62	386.25	165.21	Contact UH	N/A	489.25	412.00	360.50
26		45380	Biopsy Of Large Bowel Using An Endoscope	OP	2840.00	893.46	2148.58	1349.61	2130.00	911.07	Contact UH	1349.61	2698.00	2272.00	1988.00
27		49505	Repair Of Groin Hernia Patient Age 5 Years Or Older	OP	8560.00	2692.98	6299.11	3956.73	6420.00	2746.05	Contact UH	3956.73	8132.00	6848.00	5992.00
28		97110	Physical Therapy, Therapeutic Exercise	IP/OP	157.00	49.39	59.66	48.36	117.75	50.37	Contact UH	N/A	149.15	125.60	109.90
29		70553	Mri Scan Of Brain Before And After Contrast	IP/OP	9544.00	3002.54	700.21	439.83	7158.00	3061.72	Contact UH	439.83	9066.80	7635.20	6680.80
30		81002	Automated Urinalysis Test	IP/OP	12.00	3.78	4.56	3.70	9.00	3.85	Contact UH	3.48	11.40	9.60	8.40
31		66821	Removal Of Recurring Cataract In Lens Capsule Using Laser	OP	1878.00	590.82	1058.33	664.78	1408.50	602.46	Contact UH	664.78	1784.10	1502.40	1314.60
32		72148	Mri Scan Of Lower Spinal Canal	IP/OP	1376.00	432.89	446.14	280.24	1032.00	441.42	Contact UH	280.24	1307.20	1100.80	963.20
33		90832	Psychotherapy, 30 Min	OP	516.00	162.33	290.29	182.34	387.00	165.53	Contact UH	182.34	490.20	412.80	361.20
34		55700	Biopsy Of Prostate Gland	OP	6561.00	2064.09	3708.48	2020.79	4920.75	2104.77	Contact UH	2329.45	6232.95	5248.80	4592.70
35		45391	Ultrasound Examination Of Lower Large Bowel Using An Endoscope	OP	2910.00	915.49	2148.58	1349.61	2182.50	933.53	Contact UH	1349.61	2764.50	2328.00	2037.00
36		77065	Mammography Of One Breast	IP/OP	463.00	145.66	175.94	142.60	347.25	148.53	Contact UH	N/A	439.85	370.40	324.10
37		19120	Removal Of 1 Or More Breast Growth, Open Procedure	OP	12159.00	3825.22	6940.13	4359.38	9119.25	3900.61	Contact UH	4359.38	11551.05	9727.20	8511.30
38		90834	Psychotherapy, 45 Min	OP	516.00	162.33	290.29	182.34	387.00	165.53	Contact UH	182.34	490.20	412.80	361.20
39		90837	Psychotherapy, 60 Min	OP	516.00	162.33	290.29	182.34	387.00	165.53	Contact UH	182.34	490.20	412.80	361.20
40		85025	Complete Blood Cell Count, With Differential White Blood Cells, Automated	IP/OP	42.00	13.21	15.96	7.77	31.50	13.47	Contact UH	7.77	39.90	33.60	29.40
41		84443	Blood Test, Thyroid Stimulating Hormone (Tsh)	IP/OP	153.00	48.13	58.14	16.80	114.75	49.08	Contact UH	16.80	145.35	122.40	107.10
42		90853	Group Psychotherapy	OP	270.00	84.94	162.29	101.94	202.50	86.62	Contact UH	101.94	256.50	216.00	189.00
43		45378	Diagnostic Examination Of Large Bowel Using An Endoscope	IP/OP	2840.00	893.46	1664.07	1045.27	2130.00	911.07	Contact UH	1045.27	2698.00	2272.00	1988.00
44	N/A	90846	Family Psychotherapy, Not Including Patient, 50 Min	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
45	N/A	90847	Family Psychotherapy, Including Patient, 50 Min	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
46	N/A	99203	New Patient Office Or Other Outpatient Visit, Typically 30 Min	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
47	N/A	99204	New Patient Office Of Other Outpatient Visit, Typically 45 Min	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
48	N/A	99205	New Patient Office Of Other Outpatient Visit, Typically 60 Min	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
49	N/A	99243	Patient Office Consultation, Typically 40 Min	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
50	N/A	42820	Removal Of Tonsils And Adenoid Glands Patient Younger Than Age 12	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
51	N/A	47562	Removal Of Gallbladder Using An Endoscope	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
52	N/A	55866	Surgical Removal Of Prostate And Surrounding Lymph Nodes Using An Endoscope	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
53	N/A	59510	Routine Obstetric Care For Cesarean Delivery, Including Pre-And Post-Delivery Care	IP/OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
54	N/A	59610	Routine Obstetric Care For Vaginal Delivery After Prior Cesarean Delivery Including Pre-And Post-D	IP/OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
55	N/A	66984	Removal Of Cataract With Insertion Of Lens	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
56	DRG - 460		Spinal Fusion Except Cervical Without Major Comorbid Conditions Or Complications (Mcc)	IP	N/A	N/A	62802.49	54636.19	N/A	N/A	Contact UH	43205.36	54636.19	N/A	N/A
57	DRG - 470		Major Joint Replacement Or Reattachment Of Lower Extremity Without Major Comorbid Conditions C	IP	N/A	N/A	32306.91	32577.76	N/A	N/A	Contact UH	22225.74	32577.76	N/A	N/A
58	DRG - 473		Cervical Spinal Fusion Without Comorbid Conditions (Cc) Or Major Comorbid Conditions Or Complic	IP	N/A	N/A	42246.04	39767.05	N/A	N/A	Contact UH	29063.43	39767.05	N/A	N/A
59	DRG - 743		Uterine And Adnexa Procedures For Non-Malignancy Without Comorbid Conditions (Cc) Or Major Cr	IP	N/A	N/A	19950.38	23639.88	N/A	N/A	Contact UH	13724.99	23639.88	N/A	N/A
60	N/A	29826	Shaving Of Shoulder Bone Using An Endoscope	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
61	N/A	29881	Removal Of One Knee Cartilage Using An Endoscope	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
62	N/A	99244	Patient Office Consultation, Typically 60 Min	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
63	N/A	99385	Initial New Patient Preventive Medicine Evaluation (18-39 Years)	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
64	N/A	99386	Initial New Patient Preventive Medicine Evaluation (40-64 Years)	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
65	N/A	80055	Obstetric Blood Test Panel	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
66	N/A	80069	Kidney Function Panel Test	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
67	DRG - 216		Cardiac Valve And Other Major Cardiothoracic Procedures With Cardiac Catheterization With Major	IP	N/A	N/A	166630.30	129738.19	N/A	N/A	Contact UH	114634.35	129738.19	N/A	N/A
68	N/A	93000	Electrocardiogram, Routine, With Interpretation And Report	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A
69	N/A	95810	Sleep Study	OP	N/A	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Description	Location Provided	Gross Charge	Devon Health Services (FKA Americare)										Coventry Health Care (FKA CCN and FirstHealth)	
						Aetna Health Plan: Better Health	Aetna Health Plan: Commercial	Aetna Health Plan: Medicare	Amerigroup	Amerihealth: HMO and PPO	Amerihealth: Medicare	Consumer Health Network: PPO	Correctional Medical Services, In.	FirstHealth			
70		76805	Abdominal Ultrasound Of Pregnant Uterus (Greater Or Equal To 14 Weeks 0 Days) Single Or First F	FI/OP	378.00	118.92	200.18	125.74	283.50	121.26	Contact UH	125.74	359.10	302.40	264.60		
71		86480	Tuberculosis Test	IP/OP	236.00	74.25	89.68	61.98	177.00	75.71	Contact UH	61.98	224.20	188.80	165.20		
72		83735	Blood Test, Magnesium	IP/OP	47.00	14.79	17.86	6.70	35.25	15.08	Contact UH	6.70	44.65	37.60	32.90		
73		DRG - 115	Extraocular Procedures Except Orbit	IP	N/A	N/A	26859.18	28637.24	N/A	N/A	18477.94	28637.24	N/A	N/A	N/A		
74		DRG - 117	Intraocular Procedures Without Complications	IP	N/A	N/A	20575.33	24091.93	N/A	N/A	14154.93	24091.93	N/A	N/A	N/A		
75		DRG - 788	Cesarean Section Without Sterilization Without Complications	IP	N/A	N/A	14679.50	19827.28	N/A	N/A	N/A	19827.28	N/A	N/A	N/A		
76		DRG - 906	Hand Procedures For Injuries	IP	N/A	N/A	32305.19	32576.51	N/A	N/A	22224.56	32576.51	N/A	N/A	N/A		
77		DRG - 482	Hip And Femur Procedures Except Major Joint Without Complications	IP	N/A	N/A	27271.24	28935.30	N/A	N/A	18761.42	28935.30	N/A	N/A	N/A		
78		DRG - 494	Lower Extremity And Humerus Procedures Except Hip, Foot And Femur Without Complications	IP	N/A	N/A	32092.29	32422.52	N/A	N/A	22078.09	32422.52	N/A	N/A	N/A		
79		DRG - 502	Soft Tissue Procedures Without Complications	IP	N/A	N/A	23739.58	26380.73	N/A	N/A	16331.79	26380.73	N/A	N/A	N/A		
80		DRG - 505	Foot Procedures W/O Cc/Mcc	IP	N/A	N/A	29285.16	30392.03	N/A	N/A	20146.91	30392.03	N/A	N/A	N/A		
81		DRG - 512	Shoulder, Elbow Or Forearm Procedures, Except Major Joint Procedures Without Complications	IP	N/A	N/A	27707.33	29250.73	N/A	N/A	19061.43	29250.73	N/A	N/A	N/A		
82		DRG - 660	Kidney And Ureter Procedures For Non-Neoplasm With Complications	IP	N/A	N/A	23107.76	25923.71	N/A	N/A	15897.12	25923.71	N/A	N/A	N/A		
83		DRG - 142	Major Head And Neck Procedures Without Complications	IP	N/A	N/A	26526.11	28396.32	N/A	N/A	18248.80	28396.32	N/A	N/A	N/A		
84		DRG - 250	Percutaneous Cardiovascular Procedures With Coronary Artery Stent	IP	N/A	N/A	40360.89	38403.46	N/A	N/A	27766.52	38403.46	N/A	N/A	N/A		
85		DRG - 329	Major Small And Large Bowel Procedures With Major Comp	IP	N/A	N/A	77548.94	65302.78	N/A	N/A	53350.27	65302.78	N/A	N/A	N/A		
86		DRG - 355	Hernia Procedures Except Inguinal And Femoral Without Complications	IP	N/A	N/A	23394.48	26131.11	N/A	N/A	16094.38	26131.11	N/A	N/A	N/A		
87		DRG - 419	Laparoscopic Cholecystectomy Without C.D.E. Without Complications	IP	N/A	N/A	22546.33	25517.62	N/A	N/A	15510.89	25517.62	N/A	N/A	N/A		
88		DRG - 479	Biopsies Of Musculoskeletal System And Connective Tissue Without Complications	IP	N/A	N/A	32003.02	32357.94	N/A	N/A	22016.67	32357.94	N/A	N/A	N/A		
89		72131	Ct Scan, Lumbar Spine	IP/OP	273.00	85.89	200.18	125.74	204.75	87.58	Contact UH	125.74	259.35	218.40	191.10		
90		87491	Infectious Agent Detection, Chlamydia Trachomatis	IP/OP	160.00	50.34	60.80	35.09	120.00	51.33	Contact UH	35.09	152.00	128.00	112.00		
91		73700	Ct Scan, Lower Extremities	IP/OP	273.00	85.89	200.18	125.74	204.75	87.58	Contact UH	125.74	259.35	218.40	191.10		
92		73630	X-Ray, Foot	IP/OP	586.00	184.36	165.46	103.93	439.50	187.99	Contact UH	103.93	556.70	468.80	410.20		
93		73560	X-Ray, Knee	IP/OP	608.00	191.28	165.46	103.93	456.00	195.05	Contact UH	103.93	577.60	486.40	425.60		
94		72190	X-Ray, Pelvis, 3 Views	IP/OP	239.00	75.19	200.18	125.74	179.25	76.57	Contact UH	125.74	227.05	191.20	167.30		
95		92557	Comprehensive Audiometry Threshold Evaluation And Speech Recognition	IP/OP	516.00	162.33	284.41	178.65	387.00	165.63	Contact UH	178.65	490.20	412.80	361.20		
96		76512	Ophthalmic Ultrasound, Diagnostic, B-Scan With And Without Quant. A	IP/OP	378.00	118.92	200.18	116.42	283.50	121.26	Contact UH	125.74	359.10	302.40	264.60		
97		70355	X-Ray, Jaws, Panoramic	IP/OP	309.00	97.21	165.46	95.17	231.75	99.13	Contact UH	103.93	293.55	247.20	216.30		
98		96415	Chemotherapy Administration, Intravenous Infusion Technique	IP/OP	240.00	75.50	128.27	80.57	180.00	76.99	Contact UH	80.57	228.00	192.00	168.00		
99		96367	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis; Additional Sequential Infusion Of A N	IP/OP	240.00	75.50	128.27	80.57	180.00	76.99	Contact UH	80.57	228.00	192.00	168.00		
100		70498	Ct Scan, Neck	IP/OP	2389.00	751.58	334.53	210.13	1791.75	766.39	Contact UH	210.13	2269.55	1911.20	1672.30		
101		76376	3D Rendering With Interpretation And Post Process Supervision	IP/OP	273.00	85.89	103.74	84.08	204.75	87.58	Contact UH	N/A	259.35	218.40	191.10		
102		92567	Tympanometry	OP	120.00	37.75	73.01	45.86	90.00	38.50	Contact UH	45.86	114.00	96.00	84.00		
103		92235	Fluorescein Angiography	OP	993.00	312.40	571.48	358.97	744.75	318.55	Contact UH	358.97	943.35	794.40	695.10		
104		76815	Abdominal Ultrasound Of Pregnant Uterus	IP/OP	378.00	118.92	200.18	116.42	283.50	121.26	Contact UH	125.74	359.10	302.40	264.60		
105		96368	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis; Concurrent Infusion	IP/OP	140.00	44.04	53.20	43.12	105.00	44.91	Contact UH	N/A	133.00	112.00	98.00		
106		90472	Immunization Administration	IP/OP	0.00	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A	N/A	N/A	N/A		
107		92603	Diagnostic Analysis Of Cochlear Implant, Age 7 Years Or Older; With Programming	OP	516.00	162.33	284.41	178.65	387.00	165.53	Contact UH	178.65	490.20	412.80	361.20		
108		92250	Fundus Photography With Interpretation And Report	OP	411.00	129.30	232.58	146.09	308.25	131.85	Contact UH	146.09	390.45	328.80	287.70		
109		96523	Irrigation Of Implanted Venous Access Device	IP/OP	204.00	64.18	111.38	62.83	153.00	65.44	Contact UH	69.96	193.80	163.20	142.80		
110		90746	Hepatitis B Vaccine (Heptb), Adult Dosage, 3 Dose Schedule, For Intramuscular Use	IP/OP	453.00	142.51	172.14	70.38	339.75	145.32	Contact UH	70.38	403.35	362.40	317.10		
111		89051	Cell Count, Miscellaneous Body Fluids	IP/OP	42.00	13.21	15.96	5.60	31.50	13.47	Contact UH	5.60	39.90	33.60	29.40		
112		73590	X-Ray, Lower Leg	IP/OP	586.00	184.36	165.46	103.93	439.50	187.99	Contact UH	103.93	556.70	468.80	410.20		
113		72170	X-Ray, Pelvis, 1-2 Views	IP/OP	246.00	77.39	200.18	75.77	184.50	78.92	Contact UH	125.74	233.70	196.80	172.20		
114		73070	X-Ray, Elbow	IP/OP	586.00	184.36	165.46	103.93	439.50	187.99	Contact UH	103.93	556.70	468.80	410.20		
115		72125	Ct Scan, Neck Spine Without Contrast	IP/OP	1278.00	402.06	200.18	393.62	958.50	409.98	Contact UH	125.74	1214.10	1022.40	894.60		
116		73030	X-Ray, Shoulder	IP/OP	586.00	184.36	165.46	103.93	439.50	187.99	Contact UH	103.93	556.70	468.80	410.20		
117		73060	X-Ray, Humerus	IP/OP	586.00	184.36	165.46	103.93	439.50	187.99	Contact UH	103.93	556.70	468.80	410.20		
118		72100	X-Ray, Lumbar Spine, 2-3 Views	IP/OP	451.00	141.88	200.18	138.91	338.25	144.68	Contact UH	125.74	428.45	360.80	315.70		
119		73120	Hepatitis B Surface Antibody (Hbsab)	IP/OP	336.00	105.71	200.18	125.74	252.00	107.79	Contact UH	125.74	319.20	268.80	235.20		
120		73610	X-Ray, Ankle	IP/OP	229.00	72.04	165.46	103.93	171.75	73.46	Contact UH	103.93	217.55	183.20	160.30		
121		73110	X-Ray, Wrist	IP/OP	347.00	109.17	165.46	103.93	260.25	111.32	Contact UH	103.93	329.65	277.60	242.90		
122		73090	X-Ray, Forearm	IP/OP	586.00	184.36	165.46	103.93	439.50	187.99	Contact UH	103.93	556.70	468.80	410.20		
123		93312	Echocardiography, Transesophageal	IP/OP	2710.00	852.57	1004.44	630.93	2032.50	869.37	Contact UH	630.93	2574.50	2168.00	1897.00		
124		97140	Manual Therapy Techniques, 1 Or More Regions, Each 15 Minutes	IP/OP	204.00	64.18	77.52	62.83	153.00	65.44	Contact UH	N/A	193.80	163.20	142.80		
125		92611	Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording	IP/OP	969.00	304.85	368.22	298.45	726.75	310.86	Contact UH	N/A	920.55	775.20	678.30		
126		73562	X-Ray, Knee, 3 Views	IP/OP	246.00	77.39	165.46	103.93	184.50	78.92	Contact UH	103.93	233.70	196.80	172.20		
127		96374	Therapeutic, Prophylactic, Or Diagnostic Injection; Intravenous Push, Single Or Initial Substance/Dr	IP/OP	747.00	235.01	390.25	230.08	560.25	239.64	Contact UH	245.13	709.65	597.60	522.90		
128		92950	Cardiopulmonary Resuscitation	IP/OP	931.00	292.89	571.48	358.97	698.25	298.66	Contact UH	358.97	884.45	744.80	651.70		
129		77386	Intensity Modulated Radiation Therapy Delivery Complex	IP/OP	2316.00	728.61	1071.78	673.23	1737.00	742.97	Contact UH	673.23	2200.20	1852.80	1621.20		
130		93990	Duplex Scan Of Hemodialysis Access	IP/OP	378.00	118.92	200.18	125.74	283.50	121.26	Contact UH	125.74	359.10	302.40	264.60		
131		93926	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study	IP/OP	378.00	118.92	200.18	125.74	283.50	121.26	Contact UH	125.74	359.10	302.40	264.60		
132		84703	Blood Test, Human Chorionic Gonadotropin (Hcg)	IP/OP	68.00	21.39	25.84	7.52	51.00	21.81	Contact UH	7.52	64.60	54.40	47.60		
133		93978	Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study	IP/OP	828.00	260.49	446.14	280.24	621.00	265.62	Contact UH	280.24	786.60	662.40	579.60		
134		93925	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	IP/OP	828.00	260.49	446.14	280.24	621.00	265.62	Contact UH	280.24	786.60	662.40	579.60		
135		90375	Rabies Immune Globulin (Rig)	IP/OP	1454.50	457.59	554.13	447.99	1090.88	466.60	Contact UH	289.98	1381.78	1163.60	1018.15		
136		92587	Distortion Product Evoked Otoacoustic Emissions	IP/OP	993.00	312.40	571.48	358.97	744.75	318.55	Contact UH	358.97	943.35	794.40	695.10		
137		92134	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment; Retina	IP/OP	204.00	64.18	111.38	69.96	153.00	65.44	Contact UH	69.96	193.80	163.20	142.80		
138		96411	Chemotherapy Administration; Intravenous, Push Technique, Each Additional Substance/Drug	OP	240.00	75.50	128.27	80.57	180.00	76.99	Contact UH	80.57	228.00	192.00	168.00		

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Description	Location Provided	Gross Charge	Aetna Health Plan:	Aetna Health Plan:	Aetna Health Plan:	Devon Health	Amerigroup	Amerihealth: HMO and PPO	Amerihealth:	Consumer Health	Correctional Medical	Coventry Health Care
						Better Health	Commercial	Medicare	Services (FKA Americare)	Medicare	Network: PPO	Services, In.	(FKA CCN and FirstHealth)		
139		82805	Blood Gasses With O2 Saturation	IP/OP	480.00	151.01	182.40	78.77	360.00	153.98	Contact UH	78.77	456.00	384.00	336.00
140		94664	Demonstration And/Or Evaluation Of Patient Utilization Of An Aerosol Generator, Nebulizer, Metered	IP/OP	765.00	240.67	388.34	243.93	573.75	245.41	Contact UH	243.93	726.75	612.00	535.50
141		94667	Manipulation Chest Wall	IP/OP	388.00	122.06	232.58	146.09	291.00	124.47	Contact UH	146.09	368.60	310.40	271.60
142		94660	Continuous Positive Airway Pressure Ventilation (Cpap)	IP/OP	632.00	198.83	388.34	243.93	474.00	202.75	Contact UH	243.93	600.40	505.60	442.40
143		95816	Electroencephalogram (Eeg)	IP/OP	1007.00	316.80	571.48	358.97	755.25	323.05	Contact UH	358.97	956.65	805.60	704.90
144		96521	Refilling And Maintenance Of Portable Pump	IP/OP	732.00	230.29	390.25	245.13	549.00	234.83	Contact UH	245.13	695.40	585.60	512.40
145		97597	Debridement	IP/OP	639.00	201.03	364.50	228.96	479.25	204.99	Contact UH	228.96	607.05	511.20	447.30
146		90651	Hpv Vaccine	IP/OP	625.00	196.63	237.50	192.50	468.75	200.50	Contact UH	N/A	593.75	500.00	437.50
147		96413	Chemotherapy Administration, Intravenous Infusion Technique; Up To 1 Hour	IP/OP	1179.00	370.91	616.63	387.33	884.25	378.22	Contact UH	387.33	1120.05	943.20	825.30
148		92570	Acoustic Immittance Testing	OP	516.00	162.33	284.41	178.65	387.00	165.53	Contact UH	178.65	490.20	412.80	361.20
149		92133	Scanning Computerized Ophthalmic Diagnostic Imaging, Optic Nerve	OP	204.00	64.18	111.38	69.96	153.00	65.44	Contact UH	69.96	193.80	163.20	142.80
150		90675	Rabies Vaccine, For Intramuscular Use	IP/OP	983.00	309.25	620.56	324.74	737.25	315.35	Contact UH	324.74	933.85	786.40	688.10
151		96417	Chemotherapy Administration, Intravenous Infusion Technique	IP/OP	240.00	75.50	128.27	80.57	180.00	76.99	Contact UH	80.57	228.00	192.00	168.00
152		92083	Visual Field Examination	IP/OP	411.00	129.30	232.58	146.09	308.25	131.85	Contact UH	146.09	390.45	328.80	287.70
153		92136	Ophthalmic Biometry	OP	411.00	129.30	232.58	146.09	308.25	131.85	Contact UH	146.09	390.45	328.80	287.70
154		96401	Chemotherapy Administration, Subcutaneous Or Intramuscular; Non-Hormonal Anti-Neoplastic	IP/OP	240.00	75.50	128.27	73.92	180.00	76.99	Contact UH	80.57	228.00	192.00	168.00
155		96402	Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic	OP	240.00	75.50	128.27	80.57	180.00	76.99	Contact UH	80.57	228.00	192.00	168.00
156		90734	Meningococcal Conjugate Vaccine	IP/OP	535.00	168.31	203.30	164.78	401.25	171.63	Contact UH	N/A	508.25	428.00	374.50
157		96365	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis; Initial, Up To 1 Hour	IP/OP	747.00	235.01	390.25	245.13	560.25	239.64	Contact UH	245.13	709.65	597.60	522.90
158		90396	Varicella-Zoster Immune Globulin, Human, For Intramuscular Use	OP	3088.00	971.48	4310.99	2707.91	2316.00	990.63	Contact UH	2707.91	2933.60	2470.40	2161.60
159		90670	Pneumococcal Conjugate Vaccine, 13 Valent (Pcv13), For Intramuscular Use	IP/OP	585.50	184.20	222.49	257.99	439.13	187.83	Contact UH	257.99	556.23	468.40	409.85
160		77336	Continuing Medical Physics Consultation	IP/OP	1419.00	446.42	247.05	155.18	1064.25	455.22	Contact UH	155.18	1348.05	1135.20	993.30
161		92602	Diagnostic Analysis Of Cochlear Implant, Patient Younger Than 7 Yrs Of Age; Subsequent Reprgn	IP/OP	516.00	162.33	284.41	178.65	387.00	165.53	Contact UH	178.65	490.20	412.80	361.20
162		92025	Computerized Corneal Topography	OP	204.00	64.18	111.38	69.96	153.00	65.44	Contact UH	69.96	193.80	163.20	142.80
163		93923	Complete Bilateral Noninvasive Physiologic Studies Of Upper Or Lower Extremity Arteries, 3 Or More	IP/OP	516.00	162.33	284.41	178.65	387.00	165.53	Contact UH	178.65	490.20	412.80	361.20
164		82948	Glucose Test	IP/OP	42.00	13.21	15.96	12.94	31.50	13.47	Contact UH	5.04	39.90	33.60	29.40
165		94150	Vital Capacity, Total (Separate Procedure)	IP/OP	549.00	172.72	284.41	178.65	411.75	176.12	Contact UH	178.65	521.55	439.20	384.30
166		94060	Bronchodilation Responsiveness	IP/OP	636.00	200.09	571.48	195.89	477.00	204.03	Contact UH	358.97	604.20	508.80	445.40
167		90732	Pneumococcal Polysaccharide Vaccine	IP/OP	120.00	37.75	45.60	133.47	90.00	38.50	Contact UH	133.47	114.00	96.00	84.00
168		92584	Electrocochleography	OP	516.00	162.33	284.41	178.65	387.00	165.53	Contact UH	178.65	490.20	412.80	361.20
169		92550	Tympanometry And Reflex Threshold Measurements	OP	516.00	162.33	284.41	178.65	387.00	165.53	Contact UH	178.65	490.20	412.80	361.20
170		92626	Evaluation Of Auditory Function, First Hour	OP	516.00	162.33	284.41	178.65	387.00	165.53	Contact UH	178.65	490.20	412.80	361.20
171		92579	Visual Reinforcement Audiometry (Vra)	IP/OP	516.00	162.33	284.41	178.65	387.00	165.53	Contact UH	178.65	490.20	412.80	361.20
172		92582	Conditioning Play Audiometry	OP	516.00	162.33	284.41	158.93	387.00	165.53	Contact UH	178.65	490.20	412.80	361.20
173		90686	Influenza Virus Vaccine	IP/OP	81.00	25.48	30.78	22.35	60.75	25.98	Contact UH	22.35	76.95	64.80	56.70
174		92604	Diagnostic Analysis Of Cochlear Implant, Age 7 Yrs Or Older	OP	516.00	162.33	284.41	158.93	387.00	165.53	Contact UH	178.65	490.20	412.80	361.20
175		90715	Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap), 7 Years+	IP/OP	168.00	52.85	63.84	38.31	126.00	53.89	Contact UH	38.31	159.60	134.40	117.60
176		86901	Blood Typing Rhd	IP/OP	137.00	43.10	73.01	42.20	102.75	43.95	Contact UH	45.86	130.15	109.60	95.90
177		93922	Limited Bilateral Noninvasive Physiologic Studies Of Upper Or Lower Extremity Arteries	IP/OP	411.00	129.30	232.58	146.09	308.25	131.85	Contact UH	146.09	390.45	328.80	287.70
178		36415	Routine Venipuncture	IP/OP	58.00	18.25	22.04	8.83	43.50	18.61	Contact UH	8.83	55.10	46.40	40.60
179		92610	Evaluation Of Oral And Pharyngeal Swallowing Function	IP/OP	251.00	78.96	95.38	77.31	188.25	80.52	Contact UH	N/A	238.45	200.80	175.70
180		92522	Evaluation Of Speech Sound Production	IP/OP	551.00	173.34	209.38	169.71	413.25	176.76	Contact UH	N/A	523.45	440.80	385.70
181		93880	Duplex Scan Of Extracranial Arteries; Complete Bilateral Study	IP/OP	828.00	260.49	446.14	280.24	621.00	265.62	Contact UH	280.24	786.60	662.40	579.60
182		97802	Medical Nutrition Therapy	OP	490.00	154.15	186.20	150.92	367.50	157.19	Contact UH	N/A	465.50	392.00	343.00
183		86703	Antibody; Hiv-1 And Hiv-2, Single Result	IP/OP	42.00	13.21	15.96	12.94	31.50	13.47	Contact UH	13.71	39.90	33.60	29.40
184		93970	Duplex Scan Of Extremity Veins; Complete Bilateral Study	IP/OP	828.00	260.49	446.14	280.24	621.00	265.62	Contact UH	280.24	786.60	662.40	579.60
185		96376	Therapeutic, Prophylactic, Or Diagnostic Injection Sequential Intravenous Push Of The Same Subst	IP/OP	2005.00	64.49	77.90	63.14	153.75	65.76	Contact UH	N/A	194.75	164.00	143.50
186		90744	Hepatitis B Vaccine (Heptb), Pediatric/Adolescent Dosage, 3 Dose Schedule	IP/OP	166.00	52.22	63.08	30.77	124.50	53.25	Contact UH	30.77	157.70	132.80	116.20
187		93971	Duplex Scan Of Extremity Veins; Unilateral Or Limited Study	IP/OP	378.00	118.92	200.18	125.74	283.50	121.26	Contact UH	125.74	359.10	302.40	264.60
188		90471	Immunization Administration	IP/OP	236.00	74.25	128.27	72.69	177.00	75.71	Contact UH	80.57	224.20	188.80	165.20
189		90632	Hepatitis A Vaccine (Hepa), Adult Dosage, For Intramuscular Use	IP/OP	217.00	68.27	82.46	70.26	162.75	69.61	Contact UH	70.26	206.15	173.60	151.90
190		99153	Mod Sedation Services Provided By The Same Physician	OP	253.00	79.59	96.14	77.92	189.75	81.16	Contact UH	N/A	240.35	202.40	177.10
191		93303	Transthoracic Echocardiography	IP/OP	2710.00	852.57	1004.44	630.93	2032.50	869.37	Contact UH	630.93	2574.50	2168.00	1897.00
192		73552	X-Ray, Femur, 2 Views	IP/OP	269.00	84.63	165.46	82.85	201.75	86.30	Contact UH	103.93	255.55	215.20	188.30
193		96372	Therapeutic, Prophylactic, Or Diagnostic Injection; Subcutaneous Or Intramuscular	IP/OP	182.00	57.26	128.27	80.57	136.50	58.39	Contact UH	80.57	172.90	145.60	127.40
194		95851	Range Of Motion Measurements And Report	IP/OP	112.00	35.24	42.56	34.50	84.00	35.93	Contact UH	N/A	106.40	89.60	78.40
195		77300	Basic Radiation Dosimetry Calculation	IP/OP	639.00	201.03	247.05	155.18	479.25	204.99	Contact UH	155.18	607.05	511.20	447.30
196		96366	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis, Each Additional Hour	IP/OP	251.00	78.96	86.49	77.31	188.25	80.52	Contact UH	54.33	238.45	200.80	175.70
197		94761	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation; Multiple Determinations	IP/OP	371.00	116.72	140.98	114.27	278.25	119.02	Contact UH	N/A	352.45	296.80	259.70
198		94640	Inhalation Therapy	IP/OP	632.00	198.83	388.34	243.93	474.00	202.75	Contact UH	243.93	600.40	505.60	442.40
199		77412	Radiation Therapy Delivery	IP/OP	886.00	278.74	489.32	307.36	664.50	284.23	Contact UH	307.36	841.70	708.80	620.20
200		77063	Screening Digital Breast Tomosynthesis, Bilateral	IP/OP	515.00	162.02	195.70	N/A	588.25	165.21	Contact UH	N/A	489.25	412.00	360.50
201		87591	Infectious Agent Detection, Neisseria Gonorrhoeae	IP/OP	160.00	50.34	60.80	35.09	120.00	51.33	Contact UH	35.09	152.00	128.00	112.00
202		97535	Self-Care/Home Management Training	IP/OP	204.00	64.18	77.52	62.83	153.00	65.44	Contact UH	N/A	193.80	163.20	142.80
203		70551	Mri, Brain Without Contrast	IP/OP	5904.00	1857.40	446.14	280.24	4428.00	1894.00	Contact UH	280.24	5608.80	4723.20	4132.80
204		97162	Physical Therapy Evaluation, Complex, 30 Minutes	IP/OP	371.00	116.72	140.98	114.27	278.25	119.02	Contact UH	N/A	352.45	296.80	259.70
205		92507	Therapy Speech And/Or Auditory	IP/OP	184.00	57.89	69.92	56.67	138.00	59.03	Contact UH	N/A	174.80	147.20	128.80
206		92612	Flexible Endoscopic Evaluation Of Swallowing By Cine Or Video Recording	IP/OP	930.00	292.58	353.40	286.44	697.50	298.34	Contact UH	N/A	883.50	744.00	651.00
207		71250	Ct Scan, Thorax Without Contrast	IP/OP	1001.00	314.91	200.18	125.74	750.75	321.12	Contact UH	125.74	950.95	800.80	700.70

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Description	Location Provided	Aetna Health Plan:				Devon Health Services (FKA Americare)		Amerigroup	Amerihealth: HMO and PPO	Amerihealth: Medicare	Consumer Health Network: PPO	Correctional Medical Services, In.	Coventry Health Care (FKA CCN and FirstHealth)
					Gross Charge	Better Health	Commercial	Medicare	Aetna Health Plan: Better Health	Aetna Health Plan: Commercial						
208		76705	Ultrasound Of Abdomen, Limited	IP/OP	762.00	239.73	200.18	125.74	571.50	244.45	Contact UH	125.74	723.90	609.60	533.40	
209		95813	Electroencephalogram (Eeg) Extended Monitoring; 61-119 Minutes	IP/OP	795.00	250.11	571.48	244.86	596.25	255.04	Contact UH	358.97	755.25	636.00	556.50	
210		93005	Electrocardiogram	IP/OP	232.00	72.99	111.38	71.46	174.00	74.43	Contact UH	69.96	220.40	185.60	162.40	
211		95819	Electroencephalogram (Eeg)	IP/OP	1007.00	316.80	571.48	358.97	755.25	323.05	Contact UH	358.97	956.65	805.60	704.90	
212		94727	Gas Dilution	IP/OP	549.00	172.72	284.41	169.09	411.75	176.12	Contact UH	178.65	521.55	439.20	384.30	
213		94760	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation	IP/OP	132.00	41.53	50.16	40.66	99.00	42.35	Contact UH	N/A	125.40	105.60	92.40	
214		94644	Continuous Inhalation Therapy With Aerosol Medication For Acute Airway Obstruction; First Hour	IP/OP	388.00	122.06	232.58	119.50	291.00	124.47	Contact UH	146.09	368.60	310.40	271.60	
215		94645	Continuous Inhalation Therapy With Aerosol Medication For Acute Airway Obstruction; Each Addition	IP/OP	398.00	125.21	151.24	122.58	298.50	127.68	Contact UH	N/A	378.10	318.40	278.60	
216		94003	Ventilation Assist And Management; Hospital Inpatient/Observation, Each Subsequent Day	IP/OP	969.00	304.85	1140.99	298.45	726.75	310.86	Contact UH	716.70	920.55	775.20	678.30	
217		94002	Ventilation Assist And Management; Hospital Inpatient/Observation, Initial Day	IP/OP	1918.00	603.40	1140.99	716.70	1438.50	615.29	Contact UH	716.70	1822.10	1534.40	1342.60	
218		94681	Oxygen Uptake, Expired Gas Analysis	IP/OP	931.00	292.89	571.48	358.97	698.25	298.66	Contact UH	358.97	884.45	744.80	651.70	
219		94010	Spirometry	IP/OP	549.00	172.72	284.41	178.65	411.75	176.12	Contact UH	178.65	521.55	439.20	384.30	
220		93888	Transcranial Doppler Study Of The Intracranial Arteries; Limited Study	IP/OP	862.00	271.19	200.18	265.50	646.50	276.53	Contact UH	125.74	818.90	689.60	603.40	
221		77417	Therapeutic Radiology Port Image(S)	IP/OP	371.00	116.72	140.98	114.27	278.25	119.02	Contact UH	N/A	352.45	296.80	259.70	
222		94729	Diffusing Capacity	IP/OP	371.00	116.72	140.98	114.27	278.25	119.02	Contact UH	N/A	352.45	296.80	259.70	
223		77085	Bone Density Study, Dual-Energy X-Ray Absorptiometry	IP/OP	424.00	133.39	200.18	130.59	318.00	136.02	Contact UH	125.74	402.80	339.20	296.80	
224		77334	Therapy Devices, Design And Construction; Complex	IP/OP	1429.00	449.56	672.75	422.58	1071.75	458.42	Contact UH	422.58	1357.55	1143.20	1000.30	
225		94668	Manipulation Of Chest Wall	IP/OP	239.00	75.19	232.58	146.09	179.25	76.67	Contact UH	146.09	227.05	191.20	167.30	
226		87536	Infectious Agent Detection; Hiv-1, Quant	IP/OP	867.00	272.76	329.46	85.10	650.25	278.13	Contact UH	85.10	823.65	693.60	606.90	
227		95951	Eeg Monitoring, Video Recording	IP/OP	4272.00	1343.97	1623.36	1315.78	3204.00	1370.46	Contact UH	N/A	4058.40	3417.60	2990.40	
228		76642	Ultrasound Of Breast	IP/OP	422.00	132.76	165.46	103.93	316.50	135.38	Contact UH	103.93	400.90	337.60	295.40	
229		96360	Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour	IP/OP	599.00	188.45	390.25	245.13	449.25	192.16	Contact UH	245.13	569.05	479.20	419.30	
230		93458	Catheter Placement In Coronary Artery(S) For Coronary Angiography	IP/OP	13982.00	4398.74	5932.95	3726.73	10486.50	4485.43	Contact UH	3726.73	13282.90	11185.60	9787.40	
231		76770	Ultrasound Of Retroperitoneal, Complete	IP/OP	488.00	153.52	200.18	150.30	366.00	156.55	Contact UH	125.74	463.60	390.40	341.60	
232		93975	Vascular Study	IP/OP	871.00	274.02	446.14	280.24	653.25	279.42	Contact UH	280.24	827.45	696.80	609.70	
233		76536	Ultrasound Of Head And Neck	IP/OP	762.00	239.73	200.18	125.74	571.50	244.45	Contact UH	125.74	723.90	609.60	533.40	
234		76775	Ultrasound Of Retroperitoneal, Limited	IP/OP	488.00	153.52	200.18	150.30	366.00	156.55	Contact UH	125.74	463.60	390.40	341.60	
235		74018	X-Ray, Abdomen	IP/OP	256.00	80.54	165.46	103.93	192.00	82.12	Contact UH	103.93	243.20	204.80	179.20	
236		86900	Blood Typing Abo	IP/OP	250.00	78.65	232.58	146.09	187.50	80.20	Contact UH	146.09	237.50	200.00	175.00	
237		87186	Susceptibility Studies, Antimicrobial Agent	IP/OP	368.00	115.77	139.84	8.65	276.00	118.05	Contact UH	8.65	349.60	294.40	257.60	
238		96375	Therapeutic, Prophylactic, Or Diagnostic Injection; Sequential Intravenous Push Of A New Substance	IP/OP	212.00	66.70	86.49	54.33	159.00	68.01	Contact UH	54.33	201.40	169.60	148.40	
239		86923	Compatibility Test Each Unit; Electronic	IP/OP	455.00	143.14	310.98	195.34	341.25	145.96	Contact UH	195.34	432.25	364.00	318.50	
240		86920	Compatibility Test Each Unit; Immediate Spin Technique	IP/OP	437.00	137.48	310.98	195.34	327.75	140.19	Contact UH	195.34	415.15	349.60	305.90	
241		99152	Mod Sedation Services Provided By The Same Physician	OP	290.00	91.23	110.20	89.32	217.50	93.03	Contact UH	N/A	275.50	232.00	203.00	
242		97161	Physical Therapy Evaluation: Low Complexity 20 Minutes	IP/OP	204.00	64.18	77.52	62.83	153.00	65.44	Contact UH	N/A	193.80	163.20	142.80	
243		71046	C-Reactive Protein;	IP/OP	256.00	80.54	165.46	103.93	192.00	82.12	Contact UH	103.93	243.20	204.80	179.20	
244		87040	Culture, Bacterial, Blood	IP/OP	89.00	28.00	33.82	27.41	66.75	28.55	Contact UH	10.32	84.55	71.20	62.30	
245		97165	Occupational Therapy Evaluation, Low Complexity, 30 Minutes	IP/OP	204.00	64.18	77.52	62.83	153.00	65.44	Contact UH	N/A	193.80	163.20	142.80	
246		97166	Occupational Therapy Evaluation, Mod Complexity 45 Minutes	IP/OP	371.00	116.72	140.98	114.27	278.25	119.02	Contact UH	N/A	352.45	296.80	259.70	
247		73502	X-Ray, Hip, 2-3 Views	IP/OP	269.00	84.63	165.46	103.93	201.75	86.30	Contact UH	103.93	255.55	215.20	188.30	
248		86850	Antibody Screen, Rbc, Each Serum Technique	IP/OP	173.00	54.43	98.66	61.97	129.75	55.50	Contact UH	61.97	164.35	138.40	121.10	
249		72040	X-Ray, Neck, Spine, 2-3 Views	IP/OP	251.00	78.96	165.46	103.93	188.25	80.52	Contact UH	103.93	238.45	200.80	175.70	
250		80307	Drug Tests	IP/OP	94.00	29.57	35.72	62.14	70.50	30.16	Contact UH	62.14	89.30	75.20	65.80	
251		83690	Blood Test, Lipase	IP/OP	57.00	17.93	21.66	6.89	42.75	18.29	Contact UH	6.89	54.15	45.60	39.90	
252		82550	Blood Test, Creatine Kinase (Ck)	IP/OP	47.00	14.79	17.86	6.51	35.25	15.08	Contact UH	6.51	44.65	37.60	32.90	
253		93306	Echocardiography, With Doppler	IP/OP	1949.00	613.16	1004.44	630.93	1461.75	625.24	Contact UH	630.93	1851.55	1559.20	1364.30	
254		97018	Application Of A Modality To 1 Or More Areas; Paraffin Bath	OP	112.00	35.24	42.56	34.50	84.00	35.93	Contact UH	N/A	106.40	89.60	78.40	
255		77002	X-Ray, Guidance Of Needle Placement	IP/OP	871.00	274.02	330.98	268.27	653.25	279.42	Contact UH	N/A	827.45	696.80	609.70	
256		96361	Intravenous Infusion, Hydration; Each Additional Hour	IP/OP	307.00	96.58	86.49	54.33	230.25	98.49	Contact UH	54.33	291.65	245.60	214.90	
257		71045	X-Ray, Chest, 1 View	IP/OP	256.00	80.54	165.46	103.93	192.00	82.12	Contact UH	103.93	243.20	204.80	179.20	
258		92526	Therapy Swallowing Dysfunction And/Or Oral Function For Feeding	IP/OP	184.00	57.89	69.92	56.67	138.00	59.03	Contact UH	N/A	174.80	147.20	128.80	
259		97129	Therapeutic Interventions, 15 Minutes	IP/OP	184.00	57.89	69.92	56.67	138.00	59.03	Contact UH	N/A	174.80	147.20	128.80	
260		82248	Bilirubin; Direct	IP/OP	48.00	15.10	18.24	5.02	36.00	15.40	Contact UH	5.02	45.60	38.40	33.60	
261		86706	Hepatitis B Surface Antibody	IP/OP	94.00	29.57	35.72	10.74	70.50	30.16	Contact UH	10.74	89.30	75.20	65.80	
262		83036	Hemoglobin; Glycosylated (A1C)	IP/OP	59.00	18.56	22.42	18.17	44.25	18.93	Contact UH	9.71	56.05	47.20	41.30	
263		97164	Re-Evaluation Of Physical Therapy Established Plan Of Care	IP/OP	204.00	64.18	77.52	62.83	153.00	65.44	Contact UH	N/A	193.80	163.20	142.80	
264		97150	Therapeutic Procedure, Group	IP/OP	204.00	64.18	77.52	62.83	153.00	65.44	Contact UH	N/A	193.80	163.20	142.80	
265		97112	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes	IP/OP	149.00	46.88	56.62	45.89	111.75	47.80	Contact UH	N/A	141.55	119.20	104.30	
266		97760	Orthotic(S) Management And Training	IP/OP	157.00	49.39	59.66	48.36	117.75	50.37	Contact UH	N/A	149.15	125.60	109.90	
267		93454	Catheter Placement In Coronary Artery(S) For Coronary Angiography	IP/OP	13982.00	4398.74	5932.95	4306.46	10486.50	4485.43	Contact UH	3726.73	13282.90	11185.60	9787.40	
268		84702	Gonadotropin, Chorionic (Hcg); Quantitative	IP/OP	54.00	16.99	20.52	15.05	40.50	17.32	Contact UH	15.05	51.30	43.20	37.80	
269		97163	Physical Therapy Evaluation: High Complexity	IP/OP	728.00	229.03	276.64	224.22	546.00	233.54	Contact UH	N/A	691.60	582.40	509.60	
270		97530	Therapeutic Activities	IP/OP	204.00	64.18	77.52	62.83	153.00	65.44	Contact UH	N/A	193.80	163.20	142.80	
271		97168	Re-Evaluation Of Occupational Therapy Established Plan Of Care	IP/OP	204.00	64.18	77.52	62.83	153.00	65.44	Contact UH	N/A	193.80	163.20	142.80	
272		87086	Culture, Bacterial, Urine	IP/OP	83.00	26.11	31.54	25.56	62.25	26.63	Contact UH	8.07	78.85	66.40	58.10	
273		87150	Culture Typing, Dnal/Rna Probe	IP/OP	2808.00	883.40	1067.04	35.09	2106.00	900.81	Contact UH	35.09	2667.60	2246.40	1965.60	
274		72070	X-Ray, Thoracic Spine, 2 Views	IP/OP	239.00	75.19	200.18	125.74	179.25	76.67	Contact UH	125.74	227.05	191.20	167.30	
275		93798	Cardiac Rehabilitation With Ecg Monitor	IP/OP	396.00	124.58	240.58	151.12	297.00	127.04	Contact UH	151.12	376.20	316.80	277.20	
276		73564	X-Ray, Knee, 4 Or More Views	IP/OP	230.00	72.36	200.18	125.74	172.50	73.78	Contact UH	125.74	218.50	184.00	161.00	

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Description	Location Provided	Gross Charge	Aetna Health Plan:				Devon Health Services (FKA Americare)			Amerihealth:	Amerihealth:	Consumer Health	Correctional Medical	Coventry Health Care
						Better Health	Commercial	Medicare	Americare	Amerigroup	HMO and PPO	Medicare	Network: PPO	Services, In.	(FKA CCN and FirstHealth)		
277		93350	Echocardiography, Transthoracic	IP/OP	1949.00	613.16	1004.44	630.93	1461.75	625.24	Contact UH	630.93	1851.55	1559.20	1364.30		
278		97116	Therapeutic Procedure, Gait Training	IP/OP	303.00	95.32	115.14	93.32	227.25	97.20	Contact UH	N/A	287.85	242.40	212.10		
279		92523	Evaluation Of Speech Sound Production	IP/OP	551.00	173.34	209.38	169.71	413.25	176.76	Contact UH	N/A	523.45	440.80	385.70		
280		83540	Blood Test, Iron	IP/OP	40.00	12.58	15.20	6.47	30.00	12.83	Contact UH	6.47	38.00	32.00	28.00		
281		84439	Blood Test, Free T4	IP/OP	81.00	25.48	30.78	9.02	60.75	25.98	Contact UH	9.02	76.95	64.80	56.70		
282		82728	Blood Test, Ferritin	IP/OP	119.00	37.44	45.22	13.63	89.25	38.18	Contact UH	13.63	113.05	95.20	83.30		
283		93308	Echocardiography, Transthoracic, Follow-Up Or Limited Study	IP/OP	1147.00	360.85	446.14	280.24	860.25	367.96	Contact UH	280.24	1089.65	917.60	802.90		
284		86592	Syphilis Test	IP/OP	46.00	14.47	17.48	14.17	34.50	14.76	Contact UH	4.27	43.70	36.80	32.20		
285		83605	Blood Test, Lactic Acid	IP/OP	51.00	16.04	19.38	11.57	38.25	16.36	Contact UH	11.57	48.45	40.80	35.70		
286		84100	Blood Test, Phosphorus	IP/OP	47.00	14.79	17.86	4.74	35.25	15.08	Contact UH	4.74	44.65	37.60	32.90		
287		93017	Cardiovascular Stress Test	IP/OP	1115.00	350.78	571.48	358.97	836.25	357.69	Contact UH	358.97	1059.25	892.00	780.50		
288		76856	Ultrasound Of Pelvis	IP/OP	476.00	149.75	200.18	146.61	357.00	152.70	Contact UH	125.74	452.20	380.80	333.20		
289		70496	Ct Scan, Head Or Brain	IP/OP	2389.00	751.58	334.53	210.13	1791.75	766.39	Contact UH	210.13	2269.55	1911.20	1672.30		
290		74170	Ct Scan, Abdomen With And Without Contrast	IP/OP	4475.00	1407.84	334.53	1378.30	3356.25	1435.58	Contact UH	210.13	4251.25	3580.00	3132.50		
291		70486	Ct Scan, Maxillofacial Without Contrast	IP/OP	1126.00	354.24	200.18	346.81	844.50	361.22	Contact UH	125.74	1069.70	900.80	788.20		
292		71260	Ct Scan, Thorax With Contrast	IP/OP	1545.00	486.06	334.53	475.86	1158.75	495.64	Contact UH	210.13	1467.75	1236.00	1081.50		
293		88341	Immunohistochemistry Or Immunocytochemistry, Per Specimen	IP/OP	157.00	49.39	59.66	48.36	117.75	50.37	Contact UH	N/A	149.15	125.60	109.90		
294		87077	Culture, Bacterial; Aerobic Isolate	IP/OP	76.00	23.91	28.88	23.41	57.00	24.38	Contact UH	8.08	72.20	60.80	53.20		
295		76937	Ultrasound Guided Vascular Access	IP/OP	575.00	180.90	218.50	177.10	431.25	184.46	Contact UH	N/A	546.25	460.00	402.50		
296		77001	Fluoroscopic Guidance For Vein Dvc	IP/OP	468.00	147.23	177.84	144.14	351.00	150.13	Contact UH	N/A	444.60	374.40	327.60		
297		83615	Lactate Dehydrogenase (Ld), (Ldh)	IP/OP	57.00	17.93	21.66	6.04	42.75	18.29	Contact UH	6.04	54.15	45.60	39.90		
298		85652	Sedimentation Rate, Erythrocyte, Automated	IP/OP	24.00	7.55	9.12	2.70	18.00	7.70	Contact UH	2.70	22.80	19.20	16.80		
299		82306	Gonadotropin, Chorionic (Hcg), Quantitative	IP/OP	171.00	53.80	64.98	29.60	128.25	54.86	Contact UH	29.60	162.45	136.80	119.70		
300		86803	Hepatitis C Antibody	IP/OP	122.00	38.38	46.36	37.58	91.50	39.14	Contact UH	14.27	115.90	97.60	85.40		
301		80202	Blood Test, Vancomycin	IP/OP	100.00	31.46	38.00	13.54	75.00	32.08	Contact UH	13.54	95.00	80.00	70.00		
302		86704	Hepatitis B Core Antibody (Hbcab); Total	IP/OP	110.00	34.61	41.80	12.05	82.50	35.29	Contact UH	12.05	104.50	88.00	77.00		
303		84484	Blood Test, Troponin	IP/OP	79.00	24.85	30.02	24.33	59.25	25.34	Contact UH	12.47	75.05	63.20	55.30		
304		84145	Procalcitonin (Pct)	IP/OP	566.00	178.06	215.08	27.22	424.50	181.57	Contact UH	27.22	537.70	452.80	396.20		
305		86140	C-Reactive Protein	IP/OP	36.00	11.33	13.68	5.18	27.00	11.55	Contact UH	5.18	34.20	28.80	25.20		
306		87340	Infectious Agent Antigen Detection, Hep B	IP/OP	93.00	29.26	35.34	10.33	69.75	29.83	Contact UH	10.33	88.35	74.40	65.10		
307		84132	Blood Test, Potassium	IP/OP	27.00	8.49	10.26	4.76	20.25	8.66	Contact UH	4.76	25.65	21.60	18.90		
308		88305	Level Iv - Surgical Pathology, Gross And Microscopic Examination	IP/OP	109.00	34.29	98.66	61.97	81.75	34.97	Contact UH	61.97	103.55	87.20	76.30		
309		83550	Iron Binding Capacity	IP/OP	28.00	8.81	10.64	8.74	21.00	8.98	Contact UH	8.74	26.60	22.40	19.60		
310		87389	Infectious Agent Antigen Detection, With Hiv	IP/OP	102.00	32.09	38.76	24.08	76.50	32.72	Contact UH	24.08	96.90	81.60	71.40		
311		84295	Blood Test, Sodium	IP/OP	28.00	8.81	10.64	4.81	21.00	8.98	Contact UH	4.81	26.60	22.40	19.60		
312		83880	Blood Test, B-Type Natriuretic Peptide (Bnp)	IP/OP	157.00	49.39	59.66	48.36	117.75	50.37	Contact UH	39.26	149.15	125.60	109.90		
313		82570	Blood Test, Creatine Urine	IP/OP	53.00	16.67	20.14	16.32	39.75	17.00	Contact UH	5.18	50.35	42.40	37.10		
314		82247	Bilirubin; Total	IP/OP	48.00	15.10	18.24	5.02	36.00	15.40	Contact UH	5.02	45.60	38.40	33.60		
315		88185	Flow Cytometry, Cell Surface, Cytoplasmic, Or Nuclear Marker, Technical Component Only	IP/OP	66.00	20.76	25.08	20.33	49.50	21.17	Contact UH	N/A	62.70	52.80	46.20		
316		87070	Culture, Bacterial; Any Other Source Except Urine, Blood, Stool Or Aerobic	IP/OP	157.00	49.39	59.66	8.62	117.75	50.37	Contact UH	8.62	149.15	125.60	109.90		
317		87205	Smear, Primary Source With Interpretation; Gram Or Giemsa Stain For Bacteria, Fungi, Or Cell Type	IP/OP	41.00	12.90	15.58	4.27	30.75	13.15	Contact UH	4.27	38.95	32.80	28.70		
318		85007	Blood Count	IP/OP	21.00	6.61	7.98	3.80	15.75	6.74	Contact UH	3.80	19.95	16.80	14.70		
319		87081	Culture, Presumptive, Pathogenic Organisms, Screening Only	IP/OP	86.00	27.06	32.68	6.63	64.50	27.59	Contact UH	6.63	81.70	68.80	60.20		
320		74176	Ct Scan, Abdomen And Pelvis Without Contrast	IP/OP	1001.00	314.91	446.14	280.24	750.75	321.12	Contact UH	280.24	950.95	800.80	700.70		
321		82435	Blood Test, Chloride	IP/OP	27.00	8.49	10.26	4.60	20.25	8.66	Contact UH	4.60	25.65	21.60	18.90		

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable	N/A	Location	First Trenton	Horizon Plan:	Horizon Plan:	Horizon Plan:	Managed Care	Three Rivers Provider							
ID	Indicator	Billing Code	Description	Provided	Gross Charge	Indemnity	Medicare Blue	Managed	Horizon Plan: NJ Health	Horizon Plan: PPO	Incorporated	Multiplan, Inc	QualCare	Network	
70		76805	Abdominal Ultrasound Of Pregnant Uterus (Greater Or Equal To 14 Weeks 0 Days) Single Or First F	IP/OP	378.00	340.20	229.73	125.74	229.73	N/A	229.73	340.20	302.40	283.50	359.10
71		86480	Tuberculosis Test	IP/OP	236.00	212.40	90.34	70.80	90.34	N/A	90.34	212.40	188.80	177.00	224.20
72		83735	Blood Test, Magnesium	IP/OP	47.00	42.30	17.99	14.10	17.99	N/A	17.99	42.30	37.60	35.25	44.65
73		DRG - 115	Extraocular Procedures Except Orbit	IP	N/A	N/A	49643.10	28637.24	21910.74	N/A	23203.37	N/A	N/A	Contact UH	N/A
74		DRG - 117	Intraocular Procedures Without Complications	IP	N/A	N/A	36537.12	24093.93	16126.22	N/A	17077.59	N/A	N/A	Contact UH	N/A
75		DRG - 788	Cesarean Section Without Sterilization Without Complications	IP	N/A	N/A	32826.91	19827.28	14488.66	N/A	15343.42	N/A	N/A	Contact UH	N/A
76		DRG - 906	Hand Procedures For Injuries	IP	N/A	N/A	67177.27	32576.51	29649.72	N/A	31398.91	N/A	N/A	Contact UH	N/A
77		DRG - 482	Hip And Femur Procedures Except Major Joint Without Complications	IP	N/A	N/A	60664.37	28935.30	26775.15	N/A	28354.76	N/A	N/A	Contact UH	N/A
78		DRG - 494	Lower Extremity And Humerus Procedures Except Hip, Foot And Femur Without Complications	IP	N/A	N/A	63922.64	32422.52	28213.24	N/A	29877.69	N/A	N/A	Contact UH	N/A
79		DRG - 502	Soft Tissue Procedures Without Complications	IP	N/A	N/A	47055.43	26380.73	20768.63	N/A	21993.89	N/A	N/A	Contact UH	N/A
80		DRG - 505	Foot Procedures W/O Co/Mcc	IP	N/A	N/A	57577.39	30392.03	25412.66	N/A	26911.89	N/A	N/A	Contact UH	N/A
81		DRG - 512	Shoulder, Elbow Or Forearm Procedures, Except Major Joint Procedures Without Complications	IP	N/A	N/A	54474.46	29250.73	24484.50	N/A	25928.97	N/A	N/A	Contact UH	N/A
82		DRG - 660	Kidney And Ureter Procedures For Non-Neoplasm With Complications	IP	N/A	N/A	52759.23	25923.71	23286.09	N/A	24659.87	N/A	N/A	Contact UH	N/A
83		DRG - 142	Major Head And Neck Procedures Without Complications	IP	N/A	N/A	N/A	28396.32	N/A	N/A	N/A	N/A	N/A	Contact UH	N/A
84		DRG - 250	Percutaneous Cardiovascular Procedures With Coronary Artery Stent	IP	N/A	N/A	94278.51	38403.46	41611.26	N/A	44066.14	N/A	N/A	Contact UH	N/A
85		DRG - 329	Major Small And Large Bowel Procedures With Major Comp	IP	N/A	N/A	181963.94	65302.78	80312.57	N/A	85050.64	N/A	N/A	Contact UH	N/A
86		DRG - 355	Hernia Procedures Except Inguinal And Femoral Without Complications	IP	N/A	N/A	49377.04	26131.11	21793.31	N/A	23079.02	N/A	N/A	Contact UH	N/A
87		DRG - 419	Laparoscopic Cholecystectomy Without C.D.E. Without Complications	IP	N/A	N/A	47532.87	25517.62	20979.36	N/A	22217.05	N/A	N/A	Contact UH	N/A
88		DRG - 479	Biopsies Of Musculoskeletal System And Connective Tissue Without Complications	IP	N/A	N/A	65529.91	32357.94	28922.63	N/A	30628.93	N/A	N/A	Contact UH	N/A
89		72131	Ct Scan, Lumbar Spine	IP/OP	273.00	245.70	229.73	125.74	229.73	N/A	229.73	245.70	218.40	204.75	259.35
90		87491	Infectious Agent Detection, Chlamydia Trachomatis	IP/OP	160.00	144.00	61.25	48.00	61.25	N/A	61.25	144.00	128.00	120.00	152.00
91		73700	Ct Scan, Lower Extremities	IP/OP	273.00	245.70	229.73	125.74	229.73	N/A	229.73	245.70	218.40	204.75	259.35
92		73630	X-Ray, Foot	IP/OP	586.00	527.40	189.88	103.93	189.88	N/A	189.88	527.40	468.80	439.50	556.70
93		73560	X-Ray, Knee	IP/OP	608.00	547.20	189.88	103.93	189.88	N/A	189.88	547.20	486.40	456.00	577.60
94		72190	X-Ray, Pelvis, 3 Views	IP/OP	239.00	215.10	229.73	125.74	229.73	N/A	229.73	215.10	191.20	179.25	227.05
95		92557	Comprehensive Audiometry Threshold Evaluation And Speech Recognition	IP/OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
96		76512	Ophthalmic Ultrasound, Diagnostic, B-Scan With And Without Quant. A	IP/OP	378.00	340.20	229.73	125.74	229.73	N/A	229.73	340.20	302.40	283.50	359.10
97		70355	X-Ray, Jaws, Panoramic	IP/OP	309.00	278.10	189.88	103.93	189.88	N/A	189.88	278.10	247.20	231.75	293.55
98		96415	Chemotherapy Administration, Intravenous Infusion Technique	IP/OP	240.00	216.00	147.20	80.57	147.20	N/A	147.20	216.00	192.00	180.00	228.00
99		96367	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis; Additional Sequential Infusion Of A N	IP/OP	240.00	216.00	147.20	80.57	147.20	N/A	147.20	216.00	192.00	180.00	228.00
100		70498	Ct Scan, Neck	IP/OP	2389.00	2150.10	383.91	210.13	383.91	N/A	383.91	2150.10	1911.20	1791.75	2269.55
101		76376	3D Rendering With Interpretation And Post Process Supervision	IP/OP	273.00	245.70	104.50	81.90	104.50	N/A	104.50	245.70	218.40	204.75	259.35
102		92567	Tympanometry	OP	120.00	108.00	83.79	45.86	83.79	N/A	83.79	108.00	96.00	90.00	114.00
103		92235	Fluorescein Angiography	OP	993.00	893.70	655.84	358.97	655.84	N/A	655.84	893.70	794.40	744.75	943.35
104		76815	Abdominal Ultrasound Of Pregnant Uterus	IP/OP	378.00	340.20	229.73	125.74	229.73	N/A	229.73	340.20	302.40	283.50	359.10
105		96368	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis; Concurrent Infusion	IP/OP	140.00	126.00	53.59	42.00	53.59	N/A	53.59	126.00	112.00	105.00	133.00
106		90472	Immunization Administration	IP/OP	0.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
107		92603	Diagnostic Analysis Of Cochlear Implant, Age 7 Years Or Older; With Programming	OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
108		92250	Fundus Photography With Interpretation And Report	OP	411.00	369.90	266.91	146.09	266.91	N/A	266.91	369.90	328.80	308.25	390.45
109		96523	Irrigation Of Implanted Venous Access Device	IP/OP	204.00	183.60	127.82	69.96	127.82	N/A	127.82	183.60	163.20	153.00	193.80
110		90746	Hepatitis B Vaccine (Hepb), Adult Dosage, 3 Dose Schedule, For Intramuscular Use	IP/OP	453.00	407.70	173.41	134.91	173.41	74.60	173.41	407.70	362.40	339.75	430.35
111		89051	Cell Count, Miscellaneous Body Fluids	IP/OP	42.00	37.80	16.08	12.60	16.08	N/A	16.08	37.80	33.60	31.50	39.90
112		73590	X-Ray, Lower Leg	IP/OP	586.00	527.40	189.88	103.93	189.88	N/A	189.88	527.40	468.80	439.50	556.70
113		72170	X-Ray, Pelvis, 1-2 Views	IP/OP	246.00	221.40	229.73	125.74	229.73	N/A	229.73	221.40	196.80	184.50	233.70
114		73070	X-Ray, Elbow	IP/OP	586.00	527.40	189.88	103.93	189.88	N/A	189.88	527.40	468.80	439.50	556.70
115		72125	Ct Scan, Neck Spine Without Contrast	IP/OP	1278.00	1150.20	229.73	125.74	229.73	N/A	229.73	1150.20	1022.40	958.50	1214.10
116		73030	X-Ray, Shoulder	IP/OP	586.00	527.40	189.88	103.93	189.88	N/A	189.88	527.40	468.80	439.50	556.70
117		73060	X-Ray, Humerus	IP/OP	586.00	527.40	189.88	103.93	189.88	N/A	189.88	527.40	468.80	439.50	556.70
118		72100	X-Ray, Lumbar Spine, 2-3 Views	IP/OP	451.00	405.90	229.73	125.74	229.73	N/A	229.73	405.90	360.80	338.25	428.45
119		73120	Hepatitis B Surface Antibody (Hbsab)	IP/OP	336.00	302.40	229.73	125.74	229.73	N/A	229.73	302.40	268.80	252.00	319.20
120		73610	X-Ray, Ankle	IP/OP	229.00	206.10	189.88	103.93	189.88	N/A	189.88	206.10	183.20	171.75	217.55
121		73110	X-Ray, Wrist	IP/OP	347.00	312.30	189.88	103.93	189.88	N/A	189.88	312.30	277.60	260.25	329.65
122		73090	X-Ray, Forearm	IP/OP	586.00	527.40	189.88	103.93	189.88	N/A	189.88	527.40	468.80	439.50	556.70
123		93312	Echocardiography, Transesophageal	IP/OP	2710.00	2439.00	1152.71	630.93	1152.71	N/A	1152.71	2439.00	2168.00	2032.50	2574.50
124		97140	Manual Therapy Techniques, 1 Or More Regions, Each 15 Minutes	IP/OP	204.00	183.60	78.09	61.20	78.09	N/A	78.09	183.60	163.20	153.00	193.80
125		92611	Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording	IP/OP	969.00	872.10	370.93	290.70	370.93	N/A	370.93	872.10	775.20	726.75	920.55
126		73562	X-Ray, Knee, 3 Views	IP/OP	246.00	221.40	189.88	103.93	189.88	N/A	189.88	221.40	196.80	184.50	233.70
127		96374	Therapeutic, Prophylactic, Or Diagnostic Injection; Intravenous Push, Single Or Initial Substance/Dr	IP/OP	747.00	672.30	447.85	245.13	447.85	N/A	447.85	672.30	597.60	560.25	709.65
128		92950	Cardiopulmonary Resuscitation	IP/OP	931.00	837.90	655.84	358.97	655.84	N/A	655.84	837.90	744.80	698.25	884.45
129		77386	Intensity Modulated Radiation Therapy Delivery Complex	IP/OP	2316.00	2084.40	673.23	1229.99	1229.99	N/A	1229.99	2084.40	1852.80	1737.00	2200.20
130		93990	Duplex Scan Of Hemodialysis Access	IP/OP	378.00	340.20	229.73	125.74	229.73	N/A	229.73	340.20	302.40	283.50	359.10
131		93926	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study	IP/OP	378.00	340.20	229.73	125.74	229.73	N/A	229.73	340.20	302.40	283.50	359.10
132		84703	Blood Test, Human Chorionic Gonadotropin (Hcg)	IP/OP	68.00	61.20	26.03	20.40	26.03	N/A	26.03	61.20	54.40	51.00	64.60
133		93978	Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study	IP/OP	828.00	745.20	512.00	280.24	512.00	N/A	512.00	745.20	662.40	621.00	786.60
134		93925	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	IP/OP	828.00	745.20	512.00	280.24	512.00	N/A	512.00	745.20	662.40	621.00	786.60
135		90375	Rabies Immune Globulin (Rig)	IP/OP	1454.50	1309.05	635.92	348.07	635.92	307.38	635.92	1309.05	1163.60	1090.88	1381.78
136		92587	Distortion Product Evoked Otoacoustic Emissions	IP/OP	993.00	893.70	655.84	358.97	655.84	N/A	655.84	893.70	794.40	744.75	943.35
137		92134	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment; Retina	IP/OP	204.00	183.60	127.82	69.96	127.82	N/A	127.82	183.60	163.20	153.00	193.80
138		96411	Chemotherapy Administration; Intravenous, Push Technique, Each Additional Substance/Drug	OP	240.00	216.00	147.20	80.57	147.20	N/A	147.20	216.00	192.00	180.00	228.00

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Description	Location Provided	Gross Charge	First Trenton	Horizon Plan:	Horizon Plan:	Horizon Plan:	Managed Care			Three Rivers Provider		
						Indemnity	Indemnity	Medicare Blue	Managed	Horizon Plan: NJ Health	Horizon Plan: PPO	Incorporated	Multiplan, Inc	QualCare	Network
139		82805	Blood Gasses With O2 Saturation	IP/OP	480.00	432.00	183.74	144.00	183.74	N/A	183.74	432.00	384.00	360.00	456.00
140		94664	Demonstration And/Or Evaluation Of Patient Utilization Of An Aerosol Generator, Nebulizer, Metered	IP/OP	765.00	688.50	445.66	243.93	445.66	N/A	445.66	688.50	612.00	573.75	726.75
141		94667	Manipulation Chest Wall	IP/OP	388.00	349.20	266.91	146.09	266.91	N/A	266.91	349.20	310.40	291.00	368.60
142		94660	Continuous Positive Airway Pressure Ventilation (Cpap)	IP/OP	632.00	568.80	445.66	243.93	445.66	N/A	445.66	568.80	505.60	474.00	600.40
143		95816	Electroencephalogram (Eeg)	IP/OP	1007.00	906.30	655.84	358.97	655.84	N/A	655.84	906.30	805.60	755.25	956.65
144		96521	Refilling And Maintenance Of Portable Pump	IP/OP	732.00	658.80	447.85	245.13	447.85	N/A	447.85	658.80	585.60	549.00	695.40
145		97597	Debridement	IP/OP	639.00	575.10	418.31	228.96	418.31	N/A	418.31	575.10	511.20	479.25	607.05
146		90651	Hpv Vaccine	IP/OP	625.00	562.50	239.25	187.50	239.25	518.75	239.25	562.50	500.00	468.75	593.75
147		96413	Chemotherapy Administration, Intravenous Infusion Technique; Up To 1 Hour	IP/OP	1179.00	1061.10	707.65	387.33	707.65	N/A	707.65	1061.10	943.20	884.25	1120.05
148		92570	Acoustic Immittance Testing	OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
149		92133	Scanning Computerized Ophthalmic Diagnostic imaging, Optic Nerve	OP	204.00	183.60	127.82	69.96	127.82	N/A	127.82	183.60	163.20	153.00	193.80
150		90675	Rabies Vaccine, For Intramuscular Use	IP/OP	983.00	884.70	712.16	389.80	712.16	344.23	712.16	884.70	786.40	737.25	933.85
151		96417	Chemotherapy Administration, Intravenous Infusion Technique	IP/OP	240.00	216.00	147.20	80.57	147.20	N/A	147.20	216.00	192.00	180.00	228.00
152		92083	Visual Field Examination	IP/OP	411.00	369.90	266.91	146.09	266.91	N/A	266.91	369.90	328.80	308.25	390.45
153		92136	Ophthalmic Biometry	OP	411.00	369.90	266.91	146.09	266.91	N/A	266.91	369.90	328.80	308.25	390.45
154		96401	Chemotherapy Administration, Subcutaneous Or Intramuscular; Non-Hormonal Anti-Neoplastic	IP/OP	240.00	216.00	147.20	80.57	147.20	N/A	147.20	216.00	192.00	180.00	228.00
155		96402	Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic	OP	240.00	216.00	147.20	80.57	147.20	N/A	147.20	216.00	192.00	180.00	228.00
156		90734	Meningococcal Conjugate Vaccine	IP/OP	535.00	481.50	204.80	160.50	204.80	444.05	204.80	481.50	428.00	401.25	508.25
157		96365	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis; Initial, Up To 1 Hour	IP/OP	747.00	672.30	447.85	245.13	447.85	N/A	447.85	672.30	597.60	560.25	709.65
158		90396	Varicella-Zoster Immune Globulin, Human, For Intramuscular Use	OP	3088.00	2779.20	4947.35	2707.91	4947.35	2563.04	4947.35	2779.20	2470.40	2316.00	2933.60
159		90670	Pneumococcal Conjugate Vaccine, 13 Valent (Pcv13), For Intramuscular Use	IP/OP	585.50	526.95	224.13	175.65	224.13	273.47	224.13	526.95	468.40	439.13	556.23
160		77336	Continuing Medical Physics Consultation	IP/OP	1419.00	1277.10	283.51	155.18	283.51	N/A	283.51	1277.10	1135.20	1064.25	1348.05
161		92602	Diagnostic Analysis Of Cochlear Implant, Patient Younger Than 7 Yrs Of Age; Subsequent Reprgr	OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
162		92025	Computerized Corneal Topography	OP	204.00	183.60	127.82	69.96	127.82	N/A	127.82	183.60	163.20	153.00	193.80
163		93923	Complete Bilateral Noninvasive Physiologic Studies Of Upper Or Lower Extremity Arteries, 3 Or Mon	IP/OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
164		82948	Glucose Test	IP/OP	42.00	37.80	16.08	12.60	16.08	N/A	16.08	37.80	33.60	31.50	39.90
165		94150	Vital Capacity, Total (Separate Procedure)	IP/OP	549.00	494.10	326.39	178.65	326.39	N/A	326.39	494.10	439.20	411.75	521.55
166		94060	Bronchodilation Responsiveness	IP/OP	636.00	572.40	655.84	358.97	572.40	N/A	655.84	508.80	477.00	464.00	604.20
167		90732	Pneumococcal Polysaccharide Vaccine	IP/OP	120.00	108.00	45.94	36.00	45.94	141.48	45.94	108.00	96.00	90.00	114.00
168		92584	Electrocochleography	OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
169		92550	Tympanometry And Reflex Threshold Measurements	OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
170		92626	Evaluation Of Auditory Function, First Hour	OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
171		92579	Visual Reinforcement Audiometry (Vra)	IP/OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
172		92582	Conditioning Play Audiometry	OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
173		90686	Influenza Virus Vaccine	IP/OP	81.00	72.90	31.01	24.30	31.01	23.69	31.01	72.90	64.80	60.75	76.95
174		92604	Diagnostic Analysis Of Cochlear Implant, Age 7 Yrs Or Older	OP	516.00	464.40	326.39	178.65	326.39	N/A	326.39	464.40	412.80	387.00	490.20
175		90715	Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap), 7 Years+	IP/OP	168.00	151.20	64.31	50.40	64.31	40.60	64.31	151.20	134.40	126.00	159.60
176		86901	Blood Typing Rhd	IP/OP	137.00	123.30	83.79	45.86	83.79	N/A	83.79	123.30	109.60	102.75	130.15
177		93922	Limited Bilateral Noninvasive Physiologic Studies Of Upper Or Lower Extremity Arteries	IP/OP	411.00	369.90	266.91	146.09	266.91	N/A	266.91	369.90	328.80	308.25	390.45
178		36415	Routine Venipuncture	IP/OP	58.00	52.20	22.20	17.40	22.20	N/A	22.20	52.20	46.40	43.50	55.10
179		92610	Evaluation Of Oral And Pharyngeal Swallowing Function	IP/OP	251.00	225.90	96.08	75.30	96.08	N/A	96.08	225.90	200.80	188.25	238.45
180		92522	Evaluation Of Speech Sound Production	IP/OP	551.00	495.90	210.92	165.30	210.92	N/A	210.92	495.90	440.80	413.25	523.45
181		93880	Duplex Scan Of Extracranial Arteries; Complete Bilateral Study	IP/OP	828.00	745.20	512.00	280.24	512.00	N/A	512.00	745.20	662.40	621.00	786.60
182		97802	Medical Nutrition Therapy	OP	490.00	441.00	187.57	147.00	187.57	N/A	187.57	441.00	392.00	367.50	465.50
183		86703	Antibody; Hiv-1 And Hiv-2, Single Result	IP/OP	42.00	37.80	16.08	12.60	16.08	N/A	16.08	37.80	33.60	31.50	39.90
184		93970	Duplex Scan Of Extremity Veins; Complete Bilateral Study	IP/OP	828.00	745.20	512.00	280.24	512.00	N/A	512.00	745.20	662.40	621.00	786.60
185		96376	Therapeutic, Prophylactic, Or Diagnostic Injection Sequential Intravenous Push Of The Same Subst	IP/OP	205.00	184.50	78.47	61.50	78.47	N/A	78.47	184.50	164.00	153.75	194.75
186		90744	Hepatitis B Vaccine (Hepb), Pediatric/Adolescent Dosage, 3 Dose Schedule	IP/OP	166.00	149.40	63.54	49.80	63.54	32.62	63.54	149.40	132.80	124.50	157.70
187		93971	Duplex Scan Of Extremity Veins; Unilateral Or Limited Study	IP/OP	378.00	340.20	229.73	125.74	229.73	N/A	229.73	340.20	302.40	283.50	359.10
188		90471	Immunization Administration	IP/OP	236.00	212.40	147.20	80.57	147.20	N/A	147.20	212.40	188.80	177.00	224.20
189		90632	Hepatitis A Vaccine (Hepa), Adult Dosage, For Intramuscular Use	IP/OP	217.00	195.30	83.07	65.10	83.07	74.48	83.07	195.30	173.60	162.75	206.15
190		99153	Mod Sedation Services Provided By The Same Physician	OP	253.00	227.70	96.85	75.90	96.85	N/A	96.85	227.70	202.40	189.75	240.35
191		93303	Transthoracic Echocardiography	IP/OP	2710.00	2439.00	1152.71	630.93	1152.71	N/A	1152.71	2439.00	2168.00	2032.50	2574.50
192		73552	X-Ray, Femur, 2 Views	IP/OP	269.00	242.10	189.88	103.93	189.88	N/A	189.88	242.10	215.20	201.75	255.55
193		96372	Therapeutic, Prophylactic, Or Diagnostic Injection; Subcutaneous Or Intramuscular	IP/OP	182.00	163.80	147.20	80.57	147.20	N/A	147.20	163.80	145.60	136.50	172.90
194		95851	Range Of Motion Measurements And Report	IP/OP	112.00	100.80	42.87	33.60	42.87	N/A	42.87	100.80	89.60	84.00	106.40
195		77300	Basic Radiation Dosimetry Calculation	IP/OP	639.00	575.10	283.51	155.18	283.51	N/A	283.51	575.10	511.20	479.25	607.05
196		96366	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis, Each Additional Hour	IP/OP	251.00	225.90	99.26	54.33	99.26	N/A	99.26	225.90	200.80	188.25	238.45
197		94761	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation; Multiple Determinations	IP/OP	371.00	333.90	142.02	111.30	142.02	N/A	142.02	333.90	296.80	278.25	352.45
198		94640	Inhalation Therapy	IP/OP	632.00	568.80	445.66	243.93	445.66	N/A	445.66	568.80	505.60	474.00	600.40
199		77412	Radiation Therapy Delivery	IP/OP	886.00	797.40	561.55	307.36	561.55	N/A	561.55	797.40	708.80	664.50	841.70
200		77063	Screening Digital Breast Tomosynthesis, Bilateral	IP/OP	515.00	463.50	197.14	154.50	197.14	N/A	197.14	463.50	412.00	386.25	489.25
201		87591	Infectious Agent Detection, Neisseria Gonorrhoeae	IP/OP	160.00	144.00	61.25	48.00	61.25	N/A	61.25	144.00	128.00	120.00	152.00
202		97535	Self-Care/Home Management Training	IP/OP	204.00	183.60	78.09	61.20	78.09	N/A	78.09	183.60	163.20	153.00	193.80
203		70551	Mri, Brain Without Contrast	IP/OP	5904.00	5313.60	512.00	280.24	512.00	N/A	512.00	5313.60	4723.20	4428.00	5608.80
204		97162	Physical Therapy Evaluation, Complex, 30 Minutes	IP/OP	371.00	333.90	142.02	111.30	142.02	N/A	142.02	333.90	296.80	278.25	352.45
205		92507	Therapy Speech And/Or Auditory	IP/OP	184.00	165.60	70.44	55.20	70.44	N/A	70.44	165.60	147.20	138.00	174.80
206		92612	Flexible Endoscopic Evaluation Of Swallowing By Cine Or Video Recording	IP/OP	930.00	837.00	356.00	279.00	356.00	N/A	356.00	837.00	744.00	697.50	883.50
207		71250	Ct Scan, Thorax Without Contrast	IP/OP	1001.00	900.90	229.73	125.74	229.73	N/A	229.73	900.90	800.80	750.75	950.95

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Description	Location Provided	Gross Charge	First Trenton	Horizon Plan:	Horizon Plan:	Horizon Plan:	Managed Care			Three Rivers Provider		
						Indemnity	Indemnity	Medicare Blue	Managed	Horizon Plan: NJ Health	Horizon Plan: PPO	Incorporated	Multiplan, Inc	QualCare	Network
208		76705	Ultrasound Of Abdomen, Limited	IP/OP	762.00	685.80	229.73	125.74	229.73	N/A	229.73	685.80	609.60	571.50	723.90
209		95813	Electroencephalogram (Eeg) Extended Monitoring; 61-119 Minutes	IP/OP	795.00	715.50	655.84	358.97	655.84	N/A	655.84	715.50	636.00	596.25	755.25
210		93005	Electrocardiogram	IP/OP	232.00	208.80	127.82	69.96	127.82	N/A	127.82	208.80	185.60	174.00	220.40
211		95819	Electroencephalogram (Eeg)	IP/OP	1007.00	906.30	655.84	358.97	655.84	N/A	655.84	906.30	805.60	755.00	956.65
212		94727	Gas Dilution	IP/OP	549.00	494.10	326.39	178.65	326.39	N/A	326.39	494.10	439.20	411.75	521.55
213		94760	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation	IP/OP	132.00	118.80	50.53	39.60	50.53	N/A	50.53	118.80	105.60	99.00	125.40
214		94644	Continuous Inhalation Therapy With Aerosol Medication For Acute Airway Obstruction; First Hour	IP/OP	388.00	349.20	266.91	146.09	266.91	N/A	266.91	349.20	310.40	291.00	368.60
215		94645	Continuous Inhalation Therapy With Aerosol Medication For Acute Airway Obstruction; Each Additional Hour	IP/OP	398.00	358.20	152.35	119.40	152.35	N/A	152.35	358.20	318.40	298.50	378.10
216		94003	Ventilation Assist And Management; Hospital Inpatient/Observation, Each Subsequent Day	IP/OP	969.00	872.10	1309.41	716.70	1309.41	N/A	1309.41	872.10	775.20	726.75	920.55
217		94002	Ventilation Assist And Management; Hospital Inpatient/Observation, Initial Day	IP/OP	1918.00	1726.20	1309.41	716.70	1309.41	N/A	1309.41	1726.20	1534.40	1438.50	1822.10
218		94681	Oxygen Uptake, Expired Gas Analysis	IP/OP	931.00	837.90	655.84	358.97	655.84	N/A	655.84	837.90	744.80	698.25	884.45
219		94010	Spirometry	IP/OP	549.00	494.10	326.39	178.65	326.39	N/A	326.39	494.10	439.20	411.75	521.55
220		93888	Transcranial Doppler Study Of The Intracranial Arteries; Limited Study	IP/OP	862.00	775.80	229.73	125.74	229.73	N/A	229.73	775.80	689.60	646.50	818.90
221		77417	Therapeutic Radiology Port Image(S)	IP/OP	371.00	333.90	142.02	111.30	142.02	N/A	142.02	333.90	296.80	278.25	352.45
222		94729	Diffusing Capacity	IP/OP	371.00	333.90	142.02	111.30	142.02	N/A	142.02	333.90	296.80	278.25	352.45
223		77085	Bone Density Study, Dual-Energy X-Ray Absorptiometry	IP/OP	424.00	381.60	229.73	125.74	229.73	N/A	229.73	381.60	339.20	318.00	402.80
224		77334	Therapy Devices, Design And Construction; Complex	IP/OP	1429.00	1286.10	772.05	422.58	772.05	N/A	772.05	1286.10	1143.20	1071.75	1357.55
225		94668	Manipulation Of Chest Wall	IP/OP	239.00	215.10	266.91	146.09	266.91	N/A	266.91	215.10	191.20	179.25	227.05
226		87536	Infectious Agent Detection; Hiv-1, Quant	IP/OP	867.00	780.30	331.89	260.10	331.89	N/A	331.89	780.30	693.60	650.25	823.65
227		95951	Eeg Monitoring, Video Recording	IP/OP	4272.00	3844.80	1635.32	1281.60	1635.32	N/A	1635.32	3844.80	3417.60	3204.00	4058.40
228		76642	Ultrasound Of Breast	IP/OP	422.00	379.80	189.88	103.93	189.88	N/A	189.88	379.80	337.60	316.50	400.90
229		96360	Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour	IP/OP	599.00	539.10	447.85	245.13	447.85	N/A	447.85	539.10	479.20	449.25	569.05
230		93458	Catheter Placement In Coronary Artery(S) For Coronary Angiography	IP/OP	13982.00	12583.80	6808.74	3726.73	6808.74	N/A	6808.74	12583.80	11185.60	10486.50	13282.90
231		76770	Ultrasound Of Retroperitoneal, Complete	IP/OP	468.00	439.20	229.73	125.74	229.73	N/A	229.73	439.20	390.40	366.00	463.60
232		93975	Vascular Study	IP/OP	871.00	783.90	512.00	280.24	512.00	N/A	512.00	783.90	696.80	653.25	827.45
233		76536	Ultrasound Of Head And Neck	IP/OP	762.00	685.80	229.73	125.74	229.73	N/A	229.73	685.80	609.60	571.50	723.90
234		76775	Ultrasound Of Retroperitoneal, Limited	IP/OP	488.00	439.20	229.73	125.74	229.73	N/A	229.73	439.20	390.40	366.00	463.60
235		74018	X-Ray, Abdomen	IP/OP	256.00	230.40	189.88	103.93	189.88	N/A	189.88	230.40	204.80	192.00	243.20
236		86900	Blood Typing Abo	IP/OP	250.00	225.00	266.91	146.09	266.91	N/A	266.91	225.00	200.00	187.50	237.50
237		87186	Susceptibility Studies, Antimicrobial Agent	IP/OP	368.00	331.20	140.87	110.40	140.87	N/A	140.87	331.20	294.40	276.00	349.60
238		96375	Therapeutic, Prophylactic, Or Diagnostic Injection; Sequential Intravenous Push Of A New Substance	IP/OP	212.00	190.80	99.26	54.33	99.26	N/A	99.26	190.80	169.60	159.00	201.40
239		86923	Compatibility Test Each Unit; Electronic	IP/OP	455.00	409.50	356.89	195.34	356.89	N/A	356.89	409.50	364.00	341.25	432.25
240		86920	Compatibility Test Each Unit; Immediate Spin Technique	IP/OP	437.00	393.30	356.89	195.34	356.89	N/A	356.89	393.30	349.60	327.75	415.15
241		99152	Mod Sedation Services Provided By The Same Physician	OP	290.00	261.00	111.01	87.00	111.01	N/A	111.01	261.00	232.00	217.50	275.50
242		97161	Physical Therapy Evaluation: Low Complexity 20 Minutes	IP/OP	204.00	183.60	78.09	61.20	78.09	N/A	78.09	183.60	163.20	153.00	193.80
243		71046	C-Reactive Protein;	IP/OP	256.00	230.40	189.88	103.93	189.88	N/A	189.88	230.40	204.80	192.00	243.20
244		87040	Culture, Bacterial, Blood	IP/OP	89.00	80.10	34.07	26.70	34.07	N/A	34.07	80.10	71.20	66.75	84.55
245		97165	Occupational Therapy Evaluation, Low Complexity, 30 Minutes	IP/OP	204.00	183.60	78.09	61.20	78.09	N/A	78.09	183.60	163.20	153.00	193.80
246		97166	Occupational Therapy Evaluation, Mod Complexity 45 Minutes	IP/OP	371.00	333.90	142.02	111.30	142.02	N/A	142.02	333.90	296.80	278.25	352.45
247		73502	X-Ray, Hip, 2-3 Views	IP/OP	269.00	242.10	189.88	103.93	189.88	N/A	189.88	242.10	215.20	201.75	255.55
248		86850	Antibody Screen, Rbc, Each Serum Technique	IP/OP	173.00	155.70	113.22	61.97	113.22	N/A	113.22	155.70	138.40	129.75	164.35
249		72040	X-Ray, Neck, Spine, 2-3 Views	IP/OP	251.00	225.90	189.88	103.93	189.88	N/A	189.88	225.90	200.80	188.25	238.45
250		80307	Drug Tests	IP/OP	94.00	84.60	35.98	28.20	35.98	N/A	35.98	84.60	75.20	70.50	89.30
251		83690	Blood Test, Lipase	IP/OP	57.00	51.30	21.82	17.10	21.82	N/A	21.82	51.30	45.60	42.75	54.15
252		82550	Blood Test, Creatine Kinase (Ck)	IP/OP	47.00	42.30	17.99	14.10	17.99	N/A	17.99	42.30	37.60	35.25	44.65
253		93306	Echocardiography, With Doppler	IP/OP	1949.00	1754.10	1152.71	630.93	1152.71	N/A	1152.71	1754.10	1559.20	1461.75	1851.55
254		97018	Application Of A Modality To 1 Or More Areas; Paraffin Bath	OP	112.00	100.80	42.87	33.60	42.87	N/A	42.87	100.80	89.60	84.00	106.40
255		77002	X-Ray, Guidance Of Needle Placement	IP/OP	871.00	783.90	333.42	261.30	333.42	N/A	333.42	783.90	696.80	653.25	827.45
256		96361	Intravenous Infusion, Hydration; Each Additional Hour	IP/OP	307.00	276.30	99.26	54.33	99.26	N/A	99.26	276.30	245.60	230.25	291.65
257		71045	X-Ray, Chest, 1 View	IP/OP	256.00	230.40	189.88	103.93	189.88	N/A	189.88	230.40	204.80	192.00	243.20
258		92526	Therapy Swallowing Dysfunction And/Or Oral Function For Feeding	IP/OP	184.00	165.60	70.44	55.20	70.44	N/A	70.44	165.60	147.20	138.00	174.80
259		97129	Therapeutic Interventions, 15 Minutes	IP/OP	184.00	165.60	70.44	55.20	70.44	N/A	70.44	165.60	147.20	138.00	174.80
260		82248	Bilirubin, Direct	IP/OP	48.00	43.20	18.37	14.40	18.37	N/A	18.37	43.20	38.40	36.00	45.60
261		86706	Hepatitis B Surface Antibody	IP/OP	94.00	84.60	35.98	28.20	35.98	N/A	35.98	84.60	75.20	70.50	89.30
262		83036	Hemoglobin; Glycosylated (A1C)	IP/OP	59.00	53.10	22.59	17.70	22.59	N/A	22.59	53.10	47.20	44.25	56.05
263		97164	Re-Evaluation Of Physical Therapy Established Plan Of Care	IP/OP	204.00	183.60	78.09	61.20	78.09	N/A	78.09	183.60	163.20	153.00	193.80
264		97150	Therapeutic Procedure, Group	IP/OP	204.00	183.60	78.09	61.20	78.09	N/A	78.09	183.60	163.20	153.00	193.80
265		97112	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes	IP/OP	149.00	134.10	57.04	44.70	57.04	N/A	57.04	134.10	119.20	111.75	141.55
266		97760	Orthotic(S) Management And Training	IP/OP	157.00	141.30	60.10	47.10	60.10	N/A	60.10	141.30	125.60	117.75	149.15
267		93454	Catheter Placement In Coronary Artery(S) For Coronary Angiography	IP/OP	13982.00	12583.80	6808.74	3726.73	6808.74	N/A	6808.74	12583.80	11185.60	10486.50	13282.90
268		84702	Gonadotropin, Chorionic (Hcg); Quantitative	IP/OP	54.00	48.60	20.67	16.20	20.67	N/A	20.67	48.60	43.20	40.50	51.30
269		97163	Physical Therapy Evaluation: High Complexity	IP/OP	728.00	655.20	278.68	218.40	278.68	N/A	278.68	655.20	582.40	546.00	691.60
270		97530	Therapeutic Activities	IP/OP	204.00	183.60	78.09	61.20	78.09	N/A	78.09	183.60	163.20	153.00	193.80
271		97168	Re-Evaluation Of Occupational Therapy Established Plan Of Care	IP/OP	204.00	183.60	78.09	61.20	78.09	N/A	78.09	183.60	163.20	153.00	193.80
272		87086	Culture, Bacterial, Urine	IP/OP	83.00	74.70	31.77	24.90	31.77	N/A	31.77	74.70	66.40	62.25	78.85
273		87150	Culture Typing, Dna/Rna Probe	IP/OP	2808.00	2527.20	1074.90	842.40	1074.90	N/A	1074.90	2527.20	2246.40	2106.00	2667.60
274		72070	X-Ray, Thoracic Spine, 2 Views	IP/OP	239.00	215.10	229.73	125.74	229.73	N/A	229.73	215.10	191.20	179.25	227.05
275		93798	Cardiac Rehabilitation With Ecg Monitor	IP/OP	396.00	356.40	276.10	151.12	276.10	N/A	276.10	356.40	316.80	297.00	376.20
276		73564	X-Ray, Knee, 4 Or More Views	IP/OP	230.00	207.00	229.73	125.74	229.73	N/A	229.73	207.00	184.00	172.50	218.50

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Description	Location Provided	First Trenton Gross Charge	First Trenton Indemnity	Horizon Plan: Indemnity	Horizon Plan: Medicare Blue	Horizon Plan: Managed	Horizon Plan: NJ Health	Horizon Plan: PPO	Managed Care Incorporated	Multiplan, Inc	QualCare	Three Rivers Provider Network
277		93350	Echocardiography, Transthoracic	IP/OP	1949.00	1754.10	1152.71	630.93	1152.71	N/A	1152.71	1754.10	1559.20	1461.75	1851.55
278		97116	Therapeutic Procedure, Gait Training	IP/OP	303.00	272.70	115.99	90.90	115.99	N/A	115.99	272.70	242.40	227.25	287.85
279		92523	Evaluation Of Speech Sound Production	IP/OP	551.00	495.90	210.92	165.30	210.92	N/A	210.92	495.90	440.80	413.25	523.45
280		83540	Blood Test, Iron	IP/OP	40.00	36.00	15.31	12.00	15.31	N/A	15.31	36.00	32.00	30.00	38.00
281		84439	Blood Test, Free T4	IP/OP	81.00	72.90	31.01	24.30	31.01	N/A	31.01	72.90	64.80	60.75	76.95
282		82728	Blood Test, Ferritin	IP/OP	119.00	107.10	45.55	35.70	45.55	N/A	45.55	107.10	95.20	89.25	113.05
283		93308	Echocardiography, Transthoracic, Follow-Up Or Limited Study	IP/OP	1147.00	1032.30	512.00	280.24	512.00	N/A	512.00	1032.30	917.60	860.25	1089.65
284		86592	Syphilis Test	IP/OP	46.00	41.40	17.61	13.80	17.61	N/A	17.61	41.40	36.80	34.50	43.70
285		83605	Blood Test, Lactic Acid	IP/OP	51.00	45.90	19.52	15.30	19.52	N/A	19.52	45.90	40.80	38.25	48.45
286		84100	Blood Test, Phosphorus	IP/OP	47.00	42.30	17.99	14.10	17.99	N/A	17.99	42.30	37.60	35.25	44.65
287		93017	Cardiovascular Stress Test	IP/OP	1115.00	1003.50	655.84	358.97	655.84	N/A	655.84	1003.50	892.00	836.25	1059.25
288		76856	Ultrasound Of Pelvis	IP/OP	476.00	428.40	229.73	125.74	229.73	N/A	229.73	428.40	380.80	357.00	452.20
289		70496	Ct Scan, Head Or Brain	IP/OP	2389.00	2150.10	383.91	210.13	383.91	N/A	383.91	2150.10	1911.20	1791.75	2269.55
290		74170	Ct Scan, Abdomen With And Without Contrast	IP/OP	4475.00	4027.50	383.91	210.13	383.91	N/A	383.91	4027.50	3580.00	3356.25	4251.25
291		70486	Ct Scan, Maxillofacial Without Contrast	IP/OP	1126.00	1013.40	229.73	125.74	229.73	N/A	229.73	1013.40	900.80	844.50	1069.70
292		71260	Ct Scan, Thorax With Contrast	IP/OP	1545.00	1390.50	383.91	210.13	383.91	N/A	383.91	1390.50	1236.00	1158.75	1467.75
293		88341	Immunohistochemistry Or Immunocytochemistry, Per Specimen	IP/OP	157.00	141.30	60.10	47.10	60.10	N/A	60.10	141.30	126.60	117.75	149.15
294		87077	Culture, Bacterial; Aerobic Isolate	IP/OP	76.00	68.40	29.09	22.80	29.09	N/A	29.09	68.40	60.80	57.00	72.20
295		76937	Ultrasound Guided Vascular Access	IP/OP	575.00	517.50	220.11	172.50	220.11	N/A	220.11	517.50	460.00	431.25	546.25
296		77001	Fluoroscopic Guidance For Vein Dvc	IP/OP	468.00	421.20	179.15	140.40	179.15	N/A	179.15	421.20	374.40	351.00	444.60
297		83615	Lactate Dehydrogenase (Ld), (Ldh)	IP/OP	57.00	51.30	21.82	17.10	21.82	N/A	21.82	51.30	45.60	42.75	54.15
298		85652	Sedimentation Rate, Erythrocyte, Automated	IP/OP	24.00	21.60	9.19	7.20	9.19	N/A	9.19	21.60	19.20	18.00	22.80
299		82306	Gonadotropin, Chorionic (Hcg); Quantitative	IP/OP	171.00	153.90	65.46	51.30	65.46	N/A	65.46	153.90	136.80	128.25	162.45
300		86803	Hepatitis C Antibody	IP/OP	122.00	109.80	46.70	36.60	46.70	N/A	46.70	109.80	97.60	91.50	115.90
301		80202	Blood Test, Vancomycin	IP/OP	100.00	90.00	38.28	30.00	38.28	N/A	38.28	90.00	80.00	75.00	95.00
302		86704	Hepatitis B Core Antibody (Hbcab); Total	IP/OP	110.00	99.00	42.11	33.00	42.11	N/A	42.11	99.00	88.00	82.50	104.50
303		84484	Blood Test, Troponin	IP/OP	79.00	71.10	30.24	23.70	30.24	N/A	30.24	71.10	63.20	59.25	75.05
304		84145	Procalcitonin (Pct)	IP/OP	566.00	509.40	216.66	169.80	216.66	N/A	216.66	509.40	452.80	424.50	537.70
305		86140	C-Reactive Protein	IP/OP	36.00	32.40	13.78	10.80	13.78	N/A	13.78	32.40	28.80	27.00	34.20
306		87340	Infectious Agent Antigen Detection, Hep B	IP/OP	93.00	83.70	35.60	27.90	35.60	N/A	35.60	83.70	74.40	69.75	88.35
307		84132	Blood Test, Potassium	IP/OP	27.00	24.30	10.34	8.10	10.34	N/A	10.34	24.30	21.60	20.25	25.65
308		88305	Level Iv - Surgical Pathology, Gross And Microscopic Examination	IP/OP	109.00	98.10	113.22	61.97	113.22	N/A	113.22	98.10	87.20	81.75	103.55
309		83550	Iron Binding Capacity	IP/OP	28.00	25.20	10.72	8.40	10.72	N/A	10.72	25.20	22.40	21.00	26.60
310		87389	Infectious Agent Antigen Detection, With Hiv	IP/OP	102.00	91.80	39.05	30.60	39.05	N/A	39.05	91.80	81.60	76.50	96.90
311		84295	Blood Test, Sodium	IP/OP	28.00	25.20	10.72	8.40	10.72	N/A	10.72	25.20	22.40	21.00	26.60
312		83880	Blood Test, B-Type Natriuretic Peptide (Bnp)	IP/OP	157.00	141.30	60.10	47.10	60.10	N/A	60.10	141.30	125.60	117.75	149.15
313		82570	Blood Test, Creatine Urine	IP/OP	53.00	47.70	20.29	15.90	20.29	N/A	20.29	47.70	42.40	39.75	50.35
314		82247	Bilirubin; Total	IP/OP	48.00	43.20	18.37	14.40	18.37	N/A	18.37	43.20	38.40	36.00	45.60
315		88185	Flow Cytometry, Cell Surface, Cytoplasmic, Or Nuclear Marker, Technical Component Only	IP/OP	66.00	59.40	25.26	19.80	25.26	N/A	25.26	59.40	52.80	49.50	62.70
316		87070	Culture, Bacterial; Any Other Source Except Urine, Blood, Stool Or Aerobic	IP/OP	157.00	141.30	60.10	47.10	60.10	N/A	60.10	141.30	125.60	117.75	149.15
317		87205	Smear, Primary Source With Interpretation; Gram Or Giemsa Stain For Bacteria, Fungi, Or Cell Type	IP/OP	41.00	36.90	15.69	12.30	15.69	N/A	15.69	36.90	32.80	30.75	38.95
318		85007	Blood Count	IP/OP	21.00	18.90	8.04	6.30	8.04	N/A	8.04	18.90	16.80	15.75	19.95
319		87081	Culture, Presumptive, Pathogenic Organisms, Screening Only	IP/OP	86.00	77.40	32.92	25.80	32.92	N/A	32.92	77.40	68.80	64.50	81.70
320		74176	Ct Scan, Abdomen And Pelvis Without Contrast	IP/OP	1001.00	900.90	512.00	280.24	512.00	N/A	512.00	900.90	800.80	750.75	950.95
321		82435	Blood Test, Chloride	IP/OP	27.00	24.30	10.34	8.10	10.34	N/A	10.34	24.30	21.60	20.25	25.65

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable	N/A	ID	Indicator	Billing Code	Description	Location Provided	Gross Charge	United Healthcare		United Healthcare		United HealthCare:		United HealthCare:		United HealthCare:		Wellcare: Medicaid	Wellcare: Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate	Discounted Cash Price
								Community Plan: Medicaid	Community Plan: Medicare	Commercial	Oxford	PPO	Wellcare: Medicaid	Wellcare: Medicare								
		1		85027	Complete Blood Count, Automated	I/IO/P	33.00	4.80	6.47	Contact UH	Contact UH	Contact UH	4.80	6.47	4.80	31.35	7.44					
		2		80053	Blood Test, Comprehensive Group Of Blood Chemicals	I/IO/P	16.67	10.56	10.56	Contact UH	Contact UH	Contact UH	16.67	10.56	10.56	50.35	12.14					
		3		80061	Blood Test, Lipids (Cholesterol And Triglycerides)	I/IO/P	123.00	15.00	13.39	Contact UH	Contact UH	Contact UH	15.00	13.39	13.39	116.85	15.40					
		4		84153	Psa (Prostate Specific Antigen)	I/IO/P	161.00	24.50	18.39	Contact UH	Contact UH	Contact UH	24.50	18.39	18.39	152.95	21.15					
		5		80076	Liver Function Blood Test Panel	I/IO/P	68.00	7.00	8.17	Contact UH	Contact UH	Contact UH	7.00	8.17	7.00	64.60	9.40					
		6		70450	Ct Scan, Head Or Brain, Without Contrast	I/IO/P	2498.00	785.87	125.74	Contact UH	Contact UH	Contact UH	785.87	125.74	125.74	2373.10	144.60					
		7		74177	Ct Scan Of Abdomen And Pelvis With Contrast	I/IO/P	1545.00	486.06	439.83	Contact UH	Contact UH	Contact UH	486.06	439.83	439.83	1467.75	505.80					
		8		81001	Manual Urinalysis Test With Examination Using Microscope	I/IO/P	36.00	11.33	3.17	Contact UH	Contact UH	Contact UH	11.33	3.17	3.17	34.20	3.65					
		9		76830	Ultrasound Pelvis Through Vagina	I/IO/P	476.00	149.75	125.74	Contact UH	Contact UH	Contact UH	149.75	125.74	125.74	452.20	144.60					
		10		62323	Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum Using Imaging Guidance	I/IO/P	2381.00	749.06	790.90	Contact UH	Contact UH	Contact UH	749.06	790.90	749.06	2261.95	909.54					
		11		85610	Blood Test, Clotting Time	I/IO/P	43.00	3.00	4.29	Contact UH	Contact UH	Contact UH	3.00	4.29	3.00	40.85	4.93					
		12		85730	Coagulation Assessment Blood Test	I/IO/P	51.00	3.00	6.01	Contact UH	Contact UH	Contact UH	3.00	6.01	3.00	48.45	6.91					
		13		80048	Basic Metabolic Panel	I/IO/P	65.00	9.30	8.46	Contact UH	Contact UH	Contact UH	9.30	8.46	8.46	61.75	9.73					
		14		72193	Ct Scan, Pelvis, With Contrast	I/IO/P	1670.00	525.38	210.13	Contact UH	Contact UH	Contact UH	525.38	210.13	210.13	1586.50	241.65					
		15		93452	Insertion Of Catheter Into Left Heart For Diagnosis	OP	13982.00	4398.74	3726.73	Contact UH	Contact UH	Contact UH	4398.74	3726.73	3726.73	13282.90	4285.74					
		16		76700	Ultrasound Of Abdomen	I/IO/P	488.00	153.52	125.74	Contact UH	Contact UH	Contact UH	153.52	125.74	125.74	463.60	144.60					
		17		73721	Mri Scan Of Leg Joint	I/IO/P	1789.00	562.82	280.24	Contact UH	Contact UH	Contact UH	562.82	280.24	280.24	1699.55	322.28					
		18		59400	Routine Obstetric Care For Vaginal Delivery, Including Pre-And Post-Delivery Care	I/IO/P	8062.00	2536.31	N/A	Contact UH	Contact UH	Contact UH	2536.31	N/A	2418.60	7658.90	T.B.D					
		19		77067	Mammography, Screening, Bilateral	I/IO/P	487.00	153.21	N/A	Contact UH	Contact UH	Contact UH	153.21	N/A	146.10	462.65	T.B.D					
		20		43239	Biopsy Of The Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	I/IO/P	2840.00	893.46	1036.72	Contact UH	Contact UH	Contact UH	893.46	1036.72	893.46	2698.00	1192.23					
		21		43235	Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	I/IO/P	2130.00	670.10	1036.72	Contact UH	Contact UH	Contact UH	670.10	1036.72	670.10	2023.50	1192.23					
		22		72110	X-Ray, Lower Back, Minimum Four Views	I/IO/P	384.00	120.81	125.74	Contact UH	Contact UH	Contact UH	120.81	125.74	118.27	364.80	144.60					
		23		64483	Injections Of Anesthetic And/Or Steroid Drug Into Lower Or Sacral Spine Nerve Root Using Imaging	I/IO/P	1159.00	364.62	1042.44	Contact UH	Contact UH	Contact UH	364.62	1042.44	356.97	1904.54	1198.81					
		24		45385	Removal Of Polyps Or Growths Of Large Bowel Using An Endoscope	I/IO/P	2840.00	893.46	1349.61	Contact UH	Contact UH	Contact UH	893.46	1349.61	874.72	2698.00	1552.05					
		25		77066	Mammography Of Both Breasts	I/IO/P	515.00	162.02	N/A	Contact UH	Contact UH	Contact UH	162.02	N/A	154.50	489.25	T.B.D					
		26		45380	Biopsy Of Large Bowel Using An Endoscope	OP	2840.00	893.46	1349.61	Contact UH	Contact UH	Contact UH	893.46	1349.61	893.46	2698.00	1552.05					
		27		49505	Repair Of Groin Hernia Patient Age 5 Years Or Older	OP	8560.00	2692.98	3956.73	Contact UH	Contact UH	Contact UH	2692.98	3956.73	2692.98	8132.00	4550.24					
		28		97110	Physical Therapy, Therapeutic Exercise	I/IO/P	157.00	49.39	N/A	Contact UH	Contact UH	Contact UH	49.39	N/A	47.10	149.15	T.B.D					
		29		70553	Mri Scan Of Brain Before And After Contrast	I/IO/P	9544.00	3002.54	439.83	Contact UH	Contact UH	Contact UH	3002.54	439.83	439.83	9066.80	505.80					
		30		81002	Automated Urinalysis Test	I/IO/P	12.00	3.78	3.48	Contact UH	Contact UH	Contact UH	3.78	3.48	3.48	11.40	4.00					
		31		66821	Removal Of Recurring Cataract In Lens Capsule Using Laser	OP	1878.00	590.82	664.78	Contact UH	Contact UH	Contact UH	590.82	664.78	590.82	1784.10	764.50					
		32		72148	Mri Scan Of Lower Spinal Canal	I/IO/P	1376.00	432.89	280.24	Contact UH	Contact UH	Contact UH	432.89	280.24	280.24	1307.20	322.28					
		33		90832	Psychotherapy, 30 Min	OP	516.00	162.33	182.34	Contact UH	Contact UH	Contact UH	162.33	182.34	162.33	490.20	209.69					
		34		55700	Biopsy Of Prostate Gland	OP	6561.00	2064.09	2329.45	Contact UH	Contact UH	Contact UH	2064.09	2329.45	2020.79	6232.95	2678.87					
		35		45391	Ultrasound Examination Of Lower Large Bowel Using An Endoscope	I/IO/P	2910.00	915.49	1349.61	Contact UH	Contact UH	Contact UH	915.49	1349.61	915.49	2784.50	1552.05					
		36		77065	Mammography Of One Breast	I/IO/P	463.00	145.66	N/A	Contact UH	Contact UH	Contact UH	145.66	N/A	138.90	439.85	T.B.D					
		37		19120	Removal Of 1 Or More Breast Growth, Open Procedure	OP	12159.00	3825.22	4359.38	Contact UH	Contact UH	Contact UH	3825.22	4359.38	3825.22	11551.05	5013.29					
		38		90834	Psychotherapy, 45 Min	OP	516.00	162.33	182.34	Contact UH	Contact UH	Contact UH	162.33	182.34	162.33	490.20	209.69					
		39		90837	Psychotherapy, 60 Min	OP	516.00	162.33	182.34	Contact UH	Contact UH	Contact UH	162.33	182.34	162.33	490.20	209.69					
		40		85025	Complete Blood Cell Count, With Differential White Blood Cells, Automated	I/IO/P	42.00	5.00	7.77	Contact UH	Contact UH	Contact UH	5.00	7.77	5.00	39.90	8.94					
		41		84443	Blood Test, Thyroid Stimulating Hormone (Tsh)	I/IO/P	153.00	18.30	16.80	Contact UH	Contact UH	Contact UH	18.30	16.80	16.80	145.35	19.32					
		42		90853	Group Psychotherapy	I/IO/P	270.00	84.94	101.94	Contact UH	Contact UH	Contact UH	84.94	101.94	84.94	256.50	117.23					
		43		45378	Diagnostic Examination Of Large Bowel Using An Endoscope	I/IO/P	2840.00	893.46	1045.27	Contact UH	Contact UH	Contact UH	893.46	1045.27	893.46	2698.00	1202.06					
	N/A	44		90846	Family Psychotherapy, Not Including Patient, 50 Min	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	45		90847	Family Psychotherapy, Including Patient, 50 Min	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	46		99203	New Patient Office Or Other Outpatient Visit, Typically 30 Min	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	47		99204	New Patient Office Or Other Outpatient Visit, Typically 45 Min	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	48		99205	New Patient Office Or Other Outpatient Visit, Typically 60 Min	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	49		99243	Patient Office Consultation, Typically 40 Min	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	50		42820	Removal Of Tonsils And Adenoid Glands Patient Younger Than Age 12	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	51		47562	Removal Of Gallbladder Using An Endoscope	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	52		55866	Surgical Removal Of Prostate And Surrounding Lymph Nodes Using An Endoscope	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	53		59510	Routine Obstetric Care For Cesarean Delivery, Including Pre-And Post-Delivery Care	I/IO/P	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	54		59610	Routine Obstetric Care For Vaginal Delivery After Prior Cesarean Delivery Including Pre-And Post-D	I/IO/P	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	55		66984	Removal Of Cataract With Insertion Of Lens	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
		56		DRG - 460	Spinal Fusion Except Cervical Without Major Comorbid Conditions Or Complications (Mcc)	IP	N/A	N/A	54636.19	61566.11	59876.17	63662.09	N/A	54636.19	43205.36	147150.73	62831.62					
		57		DRG - 470	Major Joint Replacement Or Reattachment Of Lower Extremity Without Major Comorbid Conditions (P	IP	N/A	N/A	32577.76	31670.89	30801.55	32749.11	N/A	32577.76	22225.74	72520.25	37464.42					
		58		DRG - 473	Cervical Spinal Fusion Without Comorbid Conditions (Cc) Or Major Comorbid Conditions Or Complic I	IP	N/A	N/A	39767.05	41414.36	40277.56	42824.28	N/A	39767.05	29063.43	86482.71	45732.11					
		59		DRG - 743	Uterine And Adnexa Procedures For Non-Malignancy Without Comorbid Conditions (Cc) Or Major Ci I	IP	N/A	N/A	23639.88	19557.62	19020.78	20223.45	N/A	23639.88	13724.99	40659.16	27185.86					
	N/A	60		29826	Shaving Of Shoulder Bone Using An Endoscope	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	61		29881	Removal Of One Knee Cartilage Using An Endoscope	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	62		99244	Patient Office Consultation, Typically 60 Min	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	63		99385	Initial New Patient Preventive Medicine Evaluation (18-39 Years)	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	64		99386	Initial New Patient Preventive Medicine Evaluation (40-64 Years)	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	65		80055	Obstetric Blood Test Panel	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
	N/A	66		80069	Kidney Function Panel Test	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
		67		DRG - 216	Cardiac Valve And Other Major Cardiothoracic Procedures With Cardiac Catheterization With Major	IP	N/A	N/A	129738.19	163349.90	158866.06	168911.04	N/A	129738.19	78485.00	357932.52	149198.92					
		68		93000	Electrocardiogram, Routine, With Interpretation And Report	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					
		69		95810	Sleep Study	OP	N/A	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	N/A	T.B.D					

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable	N/A	Billing Code	Description	Location Provided	Gross Charge	United Healthcare					Wellcare:					Discounted Cash Price
						Community Plan: Medicaid	Community Plan: Medicare	United HealthCare: Commercial	United HealthCare: Oxford	United HealthCare: PPO	Wellcare: Medicaid	Wellcare: Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate		
70		76805	Abdominal Ultrasound Of Pregnant Uterus (Greater Or Equal To 14 Weeks 0 Days) Single Or First F	I/OP	378.00	118.92	125.74	Contact UH	Contact UH	Contact UH	118.92	125.74	118.92	359.10	144.60	
71		86480	Tuberculosis Test	I/OP	236.00	49.58	61.98	Contact UH	Contact UH	Contact UH	49.58	61.98	49.58	224.20	71.28	
72		83735	Blood Test, Magnesium	I/OP	47.00	4.50	6.70	Contact UH	Contact UH	Contact UH	4.50	6.70	4.50	44.65	7.71	
73		DRG - 115	Extraocular Procedures Except Orbit	IP	N/A	N/A	28637.24	26330.42	25607.66	27226.82	N/A	28637.24	18477.94	49643.10	32932.83	
74		DRG - 117	Intraocular Procedures Without Complications	IP	N/A	N/A	24091.93	20170.27	19616.61	20856.95	N/A	24091.93	14154.93	36537.12	27705.72	
75		DRG - 788	Cesarean Section Without Sterilization Without Complications	IP	N/A	N/A	19827.28	N/A	N/A	N/A	N/A	19827.28	14488.66	32826.91	22801.37	
76		DRG - 906	Hand Procedures For Injuries	IP	N/A	N/A	32576.51	31669.21	30799.91	32747.37	N/A	32576.51	22224.56	67177.27	37462.99	
77		DRG - 482	Hip And Femur Procedures Except Major Joint Without Complications	IP	N/A	N/A	28935.30	26734.36	26000.52	27644.51	N/A	28935.30	18761.42	60664.37	33275.59	
78		DRG - 494	Lower Extremity And Humerus Procedures Except Hip, Foot And Femur Without Complications	IP	N/A	N/A	32422.52	31460.51	30596.93	32531.56	N/A	32422.52	22078.09	63922.64	37285.90	
79		DRG - 502	Soft Tissue Procedures Without Complications	IP	N/A	N/A	26380.73	23272.22	22633.42	24064.51	N/A	26380.73	16331.79	47055.43	30337.84	
80		DRG - 505	Foot Procedures W/O Cc/Mcc	IP	N/A	N/A	30392.03	28708.64	27920.60	29686.00	N/A	30392.03	20146.91	57577.39	34950.84	
81		DRG - 512	Shoulder, Elbow Or Forearm Procedures, Except Major Joint Procedures Without Complications	IP	N/A	N/A	29250.73	27161.87	26416.29	28086.58	N/A	29250.73	19061.43	55474.46	33638.35	
82		DRG - 660	Kidney And Ureter Procedures For Non-Neoplasm With Complications	IP	N/A	N/A	25923.71	22652.84	22031.04	23424.04	N/A	25923.71	15897.12	52759.23	29812.27	
83		DRG - 142	Major Head And Neck Procedures Without Complications	IP	N/A	N/A	28396.32	26003.90	25290.11	26889.18	N/A	28396.32	18248.80	28396.32	32655.76	
84		DRG - 250	Percutaneous Cardiovascular Procedures With Coronary Artery Stent	IP	N/A	N/A	38403.46	39566.31	38480.25	40913.32	N/A	38403.46	27766.52	94278.51	44163.98	
85		DRG - 329	Major Small And Large Bowel Procedures With Major Comp	IP	N/A	N/A	65302.78	76022.26	73935.50	78610.39	N/A	65302.78	53350.27	181963.94	75098.19	
86		DRG - 355	Hernia Procedures Except Inguinal And Femoral Without Complications	IP	N/A	N/A	26131.11	22933.92	22304.40	23714.69	N/A	26131.11	16094.38	49377.04	30050.78	
87		DRG - 419	Laparoscopic Cholecystectomy Without C.D.E. Without Complications	IP	N/A	N/A	25172.62	22102.47	21495.77	22854.93	N/A	25172.62	15510.89	47532.87	29345.26	
88		DRG - 479	Biopsies Of Musculoskeletal System And Connective Tissue Without Complications	IP	N/A	N/A	32357.94	31372.98	30511.82	32441.06	N/A	32357.94	22016.67	65529.91	37211.63	
89		72131	Ct Scan, Lumbar Spine	I/OP	273.00	85.89	125.74	Contact UH	Contact UH	Contact UH	85.89	125.74	85.89	259.35	144.60	
90		87491	Infectious Agent Detection, Chlamydia Trachomatis	I/OP	160.00	38.00	35.09	Contact UH	Contact UH	Contact UH	38.00	35.09	35.09	152.00	40.35	
91		73700	Ct Scan, Lower Extremities	I/OP	273.00	85.89	125.74	Contact UH	Contact UH	Contact UH	85.89	125.74	85.89	259.35	144.60	
92		73630	X-Ray, Foot	I/OP	586.00	184.36	103.93	Contact UH	Contact UH	Contact UH	184.36	103.93	103.93	556.70	119.52	
93		73560	X-Ray, Knee	I/OP	608.00	191.28	103.93	Contact UH	Contact UH	Contact UH	191.28	103.93	103.93	577.60	119.52	
94		72190	X-Ray, Pelvis, 3 Views	I/OP	239.00	75.19	125.74	Contact UH	Contact UH	Contact UH	75.19	125.74	75.19	229.73	144.60	
95		92557	Comprehensive Audiometry Threshold Evaluation And Speech Recognition	I/OP	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	162.33	490.20	205.45	
96		76512	Ophthalmic Ultrasound, Diagnostic, B-Scan With And Without Quant. A	I/OP	378.00	118.92	125.74	Contact UH	Contact UH	Contact UH	118.92	125.74	116.42	359.10	144.60	
97		70355	X-Ray, Jaws, Panoramic	I/OP	309.00	97.21	103.93	Contact UH	Contact UH	Contact UH	97.21	103.93	95.17	293.55	119.52	
98		96415	Chemotherapy Administration, Intravenous Infusion Technique	I/OP	240.00	75.50	80.57	Contact UH	Contact UH	Contact UH	75.50	80.57	75.50	228.00	92.66	
99		96367	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis; Additional Sequential Infusion Of A N	I/OP	240.00	75.50	80.57	Contact UH	Contact UH	Contact UH	75.50	80.57	75.50	228.00	92.66	
100		70498	Ct Scan, Neck	I/OP	2389.00	751.58	210.13	Contact UH	Contact UH	Contact UH	751.58	210.13	210.13	2269.55	241.65	
101		76376	3D Rendering With Interpretation And Post Process Supervision	I/OP	273.00	85.89	N/A	Contact UH	Contact UH	Contact UH	85.89	N/A	81.90	259.35	T.B.D	
102		92567	Tympanometry	OP	120.00	37.75	45.86	Contact UH	Contact UH	Contact UH	37.75	45.86	37.75	114.00	52.74	
103		92235	Fluorescein Angiography	OP	993.00	312.40	358.97	Contact UH	Contact UH	Contact UH	312.40	358.97	312.40	943.35	412.82	
104		76815	Abdominal Ultrasound Of Pregnant Uterus	I/OP	378.00	118.92	125.74	Contact UH	Contact UH	Contact UH	118.92	125.74	116.42	359.10	144.60	
105		96368	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis; Concurrent Infusion	I/OP	140.00	44.04	N/A	Contact UH	Contact UH	Contact UH	44.04	N/A	42.00	133.00	T.B.D	
106		90472	Immunization Administration	I/OP	0.00	N/A	N/A	Contact UH	Contact UH	Contact UH	N/A	N/A	N/A	0.00	T.B.D	
107		92603	Diagnostic Analysis Of Cochlear Implant, Age 7 Years Or Older; With Programming	OP	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	162.33	490.20	205.45	
108		92250	Fundus Photography With Interpretation And Report	OP	411.00	129.30	146.09	Contact UH	Contact UH	Contact UH	129.30	146.09	129.30	390.45	168.00	
109		96523	Irrigation Of Implanted Venous Access Device	I/OP	204.00	64.18	69.96	Contact UH	Contact UH	Contact UH	64.18	69.96	62.83	193.80	80.45	
110		90746	Hepatitis B Vaccine (Hepb), Adult Dosage, 3 Dose Schedule, For Intramuscular Use	I/OP	453.00	142.51	70.38	Contact UH	Contact UH	Contact UH	142.51	70.38	70.38	430.35	80.93	
111		89051	Cell Count, Miscellaneous Body Fluids	I/OP	42.00	0.90	5.60	Contact UH	Contact UH	Contact UH	0.90	5.60	0.90	39.90	6.44	
112		73590	X-Ray, Lower Leg	I/OP	586.00	184.36	103.93	Contact UH	Contact UH	Contact UH	184.36	103.93	103.93	556.70	119.52	
113		72170	X-Ray, Pelvis, 1-2 Views	I/OP	246.00	77.39	125.74	Contact UH	Contact UH	Contact UH	77.39	125.74	75.77	233.70	144.60	
114		73070	X-Ray, Elbow	I/OP	586.00	184.36	103.93	Contact UH	Contact UH	Contact UH	184.36	103.93	103.93	556.70	119.52	
115		72125	Ct Scan, Neck Spine Without Contrast	I/OP	1278.00	402.06	125.74	Contact UH	Contact UH	Contact UH	402.06	125.74	125.74	1214.10	144.60	
116		73030	X-Ray, Shoulder	I/OP	586.00	184.36	103.93	Contact UH	Contact UH	Contact UH	184.36	103.93	103.93	556.70	119.52	
117		73060	X-Ray, Humerus	I/OP	586.00	184.36	103.93	Contact UH	Contact UH	Contact UH	184.36	103.93	103.93	556.70	119.52	
118		72100	X-Ray, Lumbar Spine, 2-3 Views	I/OP	451.00	141.88	125.74	Contact UH	Contact UH	Contact UH	141.88	125.74	125.74	428.45	144.60	
119		73120	Hepatitis B Surface Antibody (Hbsab)	I/OP	336.00	105.71	125.74	Contact UH	Contact UH	Contact UH	105.71	125.74	105.71	319.20	144.60	
120		73610	X-Ray, Ankle	I/OP	229.00	72.04	103.93	Contact UH	Contact UH	Contact UH	72.04	103.93	72.04	217.55	119.52	
121		73110	X-Ray, Wrist	I/OP	347.00	109.17	103.93	Contact UH	Contact UH	Contact UH	109.17	103.93	103.93	329.65	119.52	
122		73090	X-Ray, Forearm	I/OP	586.00	184.36	103.93	Contact UH	Contact UH	Contact UH	184.36	103.93	103.93	556.70	119.52	
123		93312	Echocardiography, Transesophageal	I/OP	2710.00	852.57	630.93	Contact UH	Contact UH	Contact UH	852.57	630.93	630.93	2574.50	725.57	
124		97140	Manual Therapy Techniques, 1 Or More Regions, Each 15 Minutes	I/OP	204.00	64.18	N/A	Contact UH	Contact UH	Contact UH	64.18	N/A	61.20	193.80	T.B.D	
125		92611	Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording	I/OP	969.00	304.85	N/A	Contact UH	Contact UH	Contact UH	304.85	N/A	290.70	920.55	T.B.D	
126		73562	X-Ray, Knee, 3 Views	I/OP	246.00	77.39	103.93	Contact UH	Contact UH	Contact UH	77.39	103.93	77.39	233.70	119.52	
127		96374	Therapeutic, Prophylactic, Or Diagnostic Injection; Intravenous Push, Single Or Initial Substance/Dr	I/OP	747.00	235.01	245.13	Contact UH	Contact UH	Contact UH	235.01	245.13	230.08	709.65	281.90	
128		92950	Cardiopulmonary Resuscitation	I/OP	931.00	292.89	358.97	Contact UH	Contact UH	Contact UH	292.89	358.97	292.89	884.45	412.82	
129		77386	Intensity Modulated Radiation Therapy Delivery Complex	I/OP	2316.00	728.61	673.23	Contact UH	Contact UH	Contact UH	728.61	673.23	673.23	2200.20	774.21	
130		93990	Duplex Scan Of Hemodialysis Access	I/OP	378.00	118.92	125.74	Contact UH	Contact UH	Contact UH	118.92	125.74	118.92	359.10	144.60	
131		93926	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study	I/OP	378.00	118.92	125.74	Contact UH	Contact UH	Contact UH	118.92	125.74	118.92	359.10	144.60	
132		84703	Blood Test, Human Chorionic Gonadotropin (Hcg)	I/OP	68.00	3.00	7.52	Contact UH	Contact UH	Contact UH	3.00	7.52	3.00	64.60	8.65	
133		93978	Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study	I/OP	828.00	260.49	280.24	Contact UH	Contact UH	Contact UH	260.49	280.24	260.49	786.60	322.28	
134		93925	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	I/OP	828.00	260.49	280.24	Contact UH	Contact UH	Contact UH	260.49	280.24	260.49	786.60	322.28	
135		90375	Rabies Immune Globulin (Rig)	I/OP	1454.50	457.59	289.98	Contact UH	Contact UH	Contact UH	457.59	289.98	289.98	1381.78	333.48	
136		92587	Distortion Product Evoked Otoacoustic Emissions	I/OP	993.00	312.40	358.97	Contact UH	Contact UH	Contact UH	312.40	358.97	312.40	943.35	412.82	
137		92134	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment; Retina	I/OP	204.00	64.18	69.96	Contact UH	Contact UH	Contact UH	64.18	69.96	64.18	193.80	80.45	
138		96411	Chemotherapy Administration; Intravenous, Push Technique, Each Additional Substance/Drug	OP	240.00	75.50	80.57	Contact UH	Contact UH	Contact UH	75.50	80.57	75.50	228.00	92.66	

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Description	Location Provided	Gross Charge	United Healthcare		United Healthcare		United HealthCare:		Wellcare:		Minimum Negotiated Rate	Maximum Negotiated Rate	Discounted Cash Price
						Community Plan: Medicaid	Community Plan: Medicare	Commercial	Oxford	PPO	Wellcare: Medicaid	Wellcare: Medicare				
139		82805	Blood Gasses With O2 Saturation	I/IO/P	480.00	8.00	78.77	Contact UH	Contact UH	Contact UH	8.00	78.77	8.00	456.00	90.59	
140		94664	Demonstration And/Or Evaluation Of Patient Utilization Of An Aerosol Generator, Nebulizer, Metered	I/IO/P	765.00	240.67	243.93	Contact UH	Contact UH	Contact UH	240.67	243.93	240.67	726.75	280.52	
141		94667	Manipulation Chest Wall	I/IO/P	388.00	122.06	146.09	Contact UH	Contact UH	Contact UH	122.06	146.09	122.06	368.60	168.00	
142		94660	Continuous Positive Airway Pressure Ventilation (Cpap)	I/IO/P	632.00	198.83	243.93	Contact UH	Contact UH	Contact UH	198.83	243.93	198.83	600.40	280.52	
143		95816	Electroencephalogram (Eeg)	I/IO/P	1007.00	316.80	358.97	Contact UH	Contact UH	Contact UH	316.80	358.97	316.80	956.65	412.82	
144		96521	Refilling And Maintenance Of Portable Pump	I/IO/P	732.00	230.29	245.13	Contact UH	Contact UH	Contact UH	230.29	245.13	230.29	695.40	281.90	
145		97597	Debridement	I/IO/P	639.00	201.03	228.96	Contact UH	Contact UH	Contact UH	201.03	228.96	201.03	607.05	263.30	
146		90651	Hpv Vaccine	I/IO/P	625.00	196.63	N/A	Contact UH	Contact UH	Contact UH	196.63	N/A	187.50	593.75	T.B.D	
147		96413	Chemotherapy Administration, Intravenous Infusion Technique; Up To 1 Hour	I/IO/P	1179.00	370.91	387.33	Contact UH	Contact UH	Contact UH	370.91	387.33	370.91	1120.05	445.43	
148		92570	Acoustic Immittance Testing	OP	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	162.33	490.20	205.45	
149		92133	Scanning Computerized Ophthalmic Diagnostic Imaging, Optic Nerve	OP	204.00	64.18	69.96	Contact UH	Contact UH	Contact UH	64.18	69.96	64.18	193.80	80.45	
150		90675	Rabies Vaccine, For Intramuscular Use	I/IO/P	983.00	309.25	324.74	Contact UH	Contact UH	Contact UH	309.25	324.74	309.25	933.85	373.46	
151		96417	Chemotherapy Administration, Intravenous Infusion Technique	I/IO/P	240.00	75.50	80.57	Contact UH	Contact UH	Contact UH	75.50	80.57	75.50	228.00	92.66	
152		92083	Visual Field Examination	I/IO/P	411.00	129.30	146.09	Contact UH	Contact UH	Contact UH	129.30	146.09	129.30	390.45	168.00	
153		92136	Ophthalmic Biometry	OP	411.00	129.30	146.09	Contact UH	Contact UH	Contact UH	129.30	146.09	129.30	390.45	168.00	
154		96401	Chemotherapy Administration, Subcutaneous Or Intramuscular; Non-Hormonal Anti-Neoplastic	I/IO/P	240.00	75.50	80.57	Contact UH	Contact UH	Contact UH	75.50	80.57	73.92	228.00	92.66	
155		96402	Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic	OP	240.00	75.50	80.57	Contact UH	Contact UH	Contact UH	75.50	80.57	75.50	228.00	92.66	
156		90734	Meningococcal Conjugate Vaccine	I/IO/P	535.00	168.31	N/A	Contact UH	Contact UH	Contact UH	168.31	N/A	160.50	508.25	T.B.D	
157		96365	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis; Initial, Up To 1 Hour	I/IO/P	747.00	235.01	245.13	Contact UH	Contact UH	Contact UH	235.01	245.13	235.01	709.65	281.90	
158		90396	Varicella-Zoster Immune Globulin, Human, For Intramuscular Use	OP	3088.00	971.48	2707.91	Contact UH	Contact UH	Contact UH	971.48	2707.91	971.48	4947.35	3114.10	
159		90670	Pneumococcal Conjugate Vaccine, 13 Valent (Pcv13), For Intramuscular Use	I/IO/P	585.50	184.20	257.99	Contact UH	Contact UH	Contact UH	184.20	257.99	175.65	556.23	296.69	
160		77336	Continuing Medical Physics Consultation	I/IO/P	1419.00	446.42	155.18	Contact UH	Contact UH	Contact UH	446.42	155.18	155.18	1348.05	178.46	
161		92602	Diagnostic Analysis Of Cochlear Implant, Patient Younger Than 7 Yrs Of Age; Subsequent Reprgr Op	I/IO/P	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	162.33	490.20	205.45	
162		92025	Computerized Corneal Topography	OP	204.00	64.18	69.96	Contact UH	Contact UH	Contact UH	64.18	69.96	64.18	193.80	80.45	
163		93923	Complete Bilateral Noninvasive Physiologic Studies Of Upper Or Lower Extremity Arteries, 3 Or Moni	I/IO/P	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	162.33	490.20	205.45	
164		82948	Glucose Test	I/IO/P	42.00	13.21	5.04	Contact UH	Contact UH	Contact UH	13.21	5.04	5.04	39.90	5.80	
165		94150	Vital Capacity, Total (Separate Procedure)	I/IO/P	549.00	172.72	178.65	Contact UH	Contact UH	Contact UH	172.72	178.65	172.72	521.55	205.45	
166		94060	Bronchodilation Responsiveness	I/IO/P	636.00	200.09	358.97	Contact UH	Contact UH	Contact UH	200.09	358.97	195.89	655.84	412.82	
167		90732	Pneumococcal Polysaccharide Vaccine	I/IO/P	120.00	37.75	133.47	Contact UH	Contact UH	Contact UH	37.75	133.47	36.00	153.49	153.49	
168		92584	Electrocochleography	OP	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	162.33	490.20	205.45	
169		92550	Tympanometry And Reflex Threshold Measurements	OP	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	162.33	490.20	205.45	
170		92626	Evaluation Of Auditory Function, First Hour	OP	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	162.33	490.20	205.45	
171		92579	Visual Reinforcement Audiometry (Vra)	I/IO/P	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	162.33	490.20	205.45	
172		92582	Conditioning Play Audiometry	OP	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	158.93	490.20	205.45	
173		90686	Influenza Virus Vaccine	I/IO/P	81.00	25.48	22.35	Contact UH	Contact UH	Contact UH	25.48	22.35	22.35	76.95	25.70	
174		92604	Diagnostic Analysis Of Cochlear Implant, Age 7 Yrs Or Older	OP	516.00	162.33	178.65	Contact UH	Contact UH	Contact UH	162.33	178.65	158.93	490.20	205.45	
175		90715	Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap), 7 Years+	I/IO/P	168.00	52.85	38.31	Contact UH	Contact UH	Contact UH	52.85	38.31	38.31	159.60	44.05	
176		86901	Blood Typing Rhd	I/IO/P	137.00	43.10	45.86	Contact UH	Contact UH	Contact UH	43.10	45.86	42.20	130.15	52.74	
177		93922	Limited Bilateral Noninvasive Physiologic Studies Of Upper Or Lower Extremity Arteries	I/IO/P	411.00	129.30	146.09	Contact UH	Contact UH	Contact UH	129.30	146.09	129.30	390.45	168.00	
178		36415	Routine Venipuncture	I/IO/P	58.00	1.80	8.83	Contact UH	Contact UH	Contact UH	1.80	8.83	1.80	55.10	10.15	
179		92610	Evaluation Of Oral And Pharyngeal Swallowing Function	I/IO/P	251.00	78.96	N/A	Contact UH	Contact UH	Contact UH	78.96	N/A	75.30	238.45	T.B.D	
180		92522	Evaluation Of Speech Sound Production	I/IO/P	551.00	173.34	N/A	Contact UH	Contact UH	Contact UH	173.34	N/A	165.30	523.45	T.B.D	
181		93880	Duplex Scan Of Extracranial Arteries; Complete Bilateral Study	I/IO/P	828.00	260.49	280.24	Contact UH	Contact UH	Contact UH	260.49	280.24	260.49	786.60	322.28	
182		97802	Medical Nutrition Therapy	OP	490.00	154.15	N/A	Contact UH	Contact UH	Contact UH	154.15	N/A	147.00	465.50	T.B.D	
183		86703	Antibody; Hiv-1 And Hiv-2, Single Result	I/IO/P	42.00	13.21	13.71	Contact UH	Contact UH	Contact UH	13.21	13.71	12.60	39.90	15.77	
184		93970	Duplex Scan Of Extremity Veins; Complete Bilateral Study	I/IO/P	828.00	260.49	280.24	Contact UH	Contact UH	Contact UH	260.49	280.24	260.49	786.60	322.28	
185		96376	Therapeutic, Prophylactic, Or Diagnostic Injection Sequential Intravenous Push Of The Same Subst	I/IO/P	205.00	64.49	N/A	Contact UH	Contact UH	Contact UH	64.49	N/A	61.50	194.75	T.B.D	
186		90744	Hepatitis B Vaccine (Hepb), Pediatric/Adolescent Dosage, 3 Dose Schedule	I/IO/P	166.00	52.22	30.77	Contact UH	Contact UH	Contact UH	52.22	30.77	30.77	157.70	35.39	
187		93971	Duplex Scan Of Extremity Veins; Unilateral Or Limited Study	I/IO/P	378.00	118.92	125.74	Contact UH	Contact UH	Contact UH	118.92	125.74	118.92	359.10	144.60	
188		90471	Immunization Administration	I/IO/P	236.00	74.25	80.57	Contact UH	Contact UH	Contact UH	74.25	80.57	72.69	224.20	92.66	
189		90632	Hepatitis A Vaccine (Hepa), Adult Dosage, For Intramuscular Use	I/IO/P	217.00	68.27	70.26	Contact UH	Contact UH	Contact UH	68.27	70.26	65.10	206.15	80.80	
190		99153	Mod Sedation Services Provided By The Same Physician	OP	253.00	79.59	N/A	Contact UH	Contact UH	Contact UH	79.59	N/A	75.90	240.35	T.B.D	
191		93303	Transthoracic Echocardiography	I/IO/P	2710.00	852.57	630.93	Contact UH	Contact UH	Contact UH	852.57	630.93	630.93	2574.50	725.57	
192		73552	X-Ray, Femur, 2 Views	I/IO/P	269.00	84.63	103.93	Contact UH	Contact UH	Contact UH	84.63	103.93	82.85	255.55	119.52	
193		96372	Therapeutic, Prophylactic, Or Diagnostic Injection; Subcutaneous Or Intramuscular	I/IO/P	182.00	57.26	80.57	Contact UH	Contact UH	Contact UH	57.26	80.57	57.26	172.90	92.66	
194		95851	Range Of Motion Measurements And Report	I/IO/P	112.00	35.24	N/A	Contact UH	Contact UH	Contact UH	35.24	N/A	33.60	106.40	T.B.D	
195		77300	Basic Radiation Dosimetry Calculation	I/IO/P	639.00	201.03	155.18	Contact UH	Contact UH	Contact UH	201.03	155.18	155.18	607.05	178.46	
196		96366	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis, Each Additional Hour	I/IO/P	251.00	78.96	54.33	Contact UH	Contact UH	Contact UH	78.96	54.33	54.33	238.45	62.48	
197		94761	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation; Multiple Determinations	I/IO/P	371.00	116.72	N/A	Contact UH	Contact UH	Contact UH	116.72	N/A	111.30	352.45	T.B.D	
198		94640	Inhalation Therapy	I/IO/P	632.00	198.83	243.93	Contact UH	Contact UH	Contact UH	198.83	243.93	198.83	600.40	280.52	
199		77412	Radiation Therapy Delivery	I/IO/P	886.00	278.74	307.36	Contact UH	Contact UH	Contact UH	278.74	307.36	278.74	841.70	353.46	
200		77063	Screening Digital Breast Tomosynthesis, Bilateral	I/IO/P	515.00	162.02	N/A	Contact UH	Contact UH	Contact UH	162.02	N/A	154.50	489.25	T.B.D	
201		87591	Infectious Agent Detection, Neisseria Gonorrhoeae	I/IO/P	160.00	38.00	35.09	Contact UH	Contact UH	Contact UH	38.00	35.09	35.09	152.00	40.35	
202		97535	Self-Care/Home Management Training	I/IO/P	204.00	64.18	N/A	Contact UH	Contact UH	Contact UH	64.18	N/A	61.20	193.80	T.B.D	
203		70551	Mri, Brain Without Contrast	I/IO/P	5904.00	1857.40	280.24	Contact UH	Contact UH	Contact UH	1857.40	280.24	280.24	5608.80	322.28	
204		97162	Physical Therapy Evaluation, Complex, 30 Minutes	I/IO/P	371.00	116.72	N/A	Contact UH	Contact UH	Contact UH	116.72	N/A	111.30	352.45	T.B.D	
205		92507	Therapy Speech And/Or Auditory	I/IO/P	184.00	57.89	N/A	Contact UH	Contact UH	Contact UH	57.89	N/A	55.20	174.80	T.B.D	
206		92612	Flexible Endoscopic Evaluation Of Swallowing By Cine Or Video Recording	I/IO/P	930.00	292.58	N/A	Contact UH	Contact UH	Contact UH	292.58	N/A	279.00	863.50	T.B.D	
207		71250	Ct Scan, Thorax Without Contrast	I/IO/P	1001.00	314.91	125.74	Contact UH	Contact UH	Contact UH	314.91	125.74	125.74	950.95	144.60	

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Description	Location Provided	Gross Charge	United Healthcare		United Healthcare		United HealthCare:		Wellcare:		Maximum Negotiated Rate	Discounted Cash Price
						Community Plan: Medicaid	Community Plan: Medicare	Commercial	Oxford	PPO	Wellcare: Medicaid	Wellcare: Medicare			
208		76705	Ultrasound Of Abdomen, Limited	I/IO/P	762.00	239.73	125.74	Contact UH	Contact UH	Contact UH	239.73	125.74	125.74	723.90	144.60
209		95813	Electroencephalogram (Eeg) Extended Monitoring; 61-119 Minutes	I/IO/P	795.00	250.11	358.97	Contact UH	Contact UH	Contact UH	250.11	358.97	244.86	755.25	412.82
210		93005	Electrocardiogram	I/IO/P	232.00	72.99	69.96	Contact UH	Contact UH	Contact UH	72.99	69.96	69.96	220.40	80.45
211		95819	Electroencephalogram (Eeg)	I/IO/P	1007.00	316.80	358.97	Contact UH	Contact UH	Contact UH	316.80	358.97	316.80	956.65	412.82
212		94727	Gas Dilution	I/IO/P	549.00	172.72	178.65	Contact UH	Contact UH	Contact UH	172.72	178.65	169.09	521.55	205.45
213		94760	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation	I/IO/P	132.00	41.53	N/A	Contact UH	Contact UH	Contact UH	41.53	N/A	39.60	125.40	T.B.D
214		94644	Continuous Inhalation Therapy With Aerosol Medication For Acute Airway Obstruction; First Hour	I/IO/P	388.00	122.06	146.09	Contact UH	Contact UH	Contact UH	122.06	146.09	119.50	368.60	168.00
215		94645	Continuous Inhalation Therapy With Aerosol Medication For Acute Airway Obstruction; Each Additional Hour	I/IO/P	398.00	125.21	N/A	Contact UH	Contact UH	Contact UH	125.21	N/A	119.40	378.10	T.B.D
216		94003	Ventilation Assist And Management; Hospital Inpatient/Observation, Each Subsequent Day	I/IO/P	969.00	304.85	716.70	Contact UH	Contact UH	Contact UH	304.85	716.70	298.45	1309.41	824.21
217		94002	Ventilation Assist And Management; Hospital Inpatient/Observation, Initial Day	I/IO/P	1918.00	603.40	716.70	Contact UH	Contact UH	Contact UH	603.40	716.70	603.40	1822.10	824.21
218		94681	Oxygen Uptake, Expired Gas Analysis	I/IO/P	931.00	292.89	358.97	Contact UH	Contact UH	Contact UH	292.89	358.97	292.89	884.45	412.82
219		94010	Spirometry	I/IO/P	549.00	172.72	178.65	Contact UH	Contact UH	Contact UH	172.72	178.65	172.72	521.55	205.45
220		93888	Transcranial Doppler Study Of The Intracranial Arteries; Limited Study	I/IO/P	862.00	271.19	125.74	Contact UH	Contact UH	Contact UH	271.19	125.74	125.74	818.90	144.60
221		77417	Therapeutic Radiology Port Image(S)	I/IO/P	371.00	116.72	N/A	Contact UH	Contact UH	Contact UH	116.72	N/A	111.30	352.45	T.B.D
222		94729	Diffusing Capacity	I/IO/P	371.00	116.72	N/A	Contact UH	Contact UH	Contact UH	116.72	N/A	111.30	352.45	T.B.D
223		77085	Bone Density Study, Dual-Energy X-Ray Absorptiometry	I/IO/P	424.00	133.39	125.74	Contact UH	Contact UH	Contact UH	133.39	125.74	125.74	402.80	144.60
224		77334	Therapy Devices, Design And Construction, Complex	I/IO/P	1429.00	449.56	422.58	Contact UH	Contact UH	Contact UH	449.56	422.58	422.58	1357.55	485.97
225		94668	Manipulation Of Chest Wall	I/IO/P	239.00	75.19	146.09	Contact UH	Contact UH	Contact UH	75.19	146.09	75.19	266.91	168.00
226		87536	Infectious Agent Detection; Hiv-1, Quant	I/IO/P	867.00	92.87	85.10	Contact UH	Contact UH	Contact UH	92.87	85.10	85.10	823.65	97.87
227		95951	Eeg Monitoring, Video Recording	I/IO/P	4272.00	1343.97	N/A	Contact UH	Contact UH	Contact UH	1343.97	N/A	1281.60	4058.40	T.B.D
228		76642	Ultrasound Of Breast	I/IO/P	422.00	132.76	103.93	Contact UH	Contact UH	Contact UH	132.76	103.93	103.93	400.90	119.52
229		96360	Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour	I/IO/P	599.00	188.45	245.13	Contact UH	Contact UH	Contact UH	188.45	245.13	188.45	569.05	281.90
230		93458	Catheter Placement In Coronary Artery(S) For Coronary Angiography	I/IO/P	13982.00	4398.74	3726.73	Contact UH	Contact UH	Contact UH	4398.74	3726.73	3726.73	13282.90	4285.74
231		76770	Ultrasound Of Retroperitoneal, Complete	I/IO/P	488.00	153.52	125.74	Contact UH	Contact UH	Contact UH	153.52	125.74	125.74	463.60	144.60
232		93975	Vascular Study	I/IO/P	871.00	274.02	280.24	Contact UH	Contact UH	Contact UH	274.02	280.24	274.02	827.45	322.28
233		76536	Ultrasound Of Head And Neck	I/IO/P	762.00	239.73	125.74	Contact UH	Contact UH	Contact UH	239.73	125.74	125.74	723.90	144.60
234		76775	Ultrasound Of Retroperitoneal, Limited	I/IO/P	488.00	153.52	125.74	Contact UH	Contact UH	Contact UH	153.52	125.74	125.74	463.60	144.60
235		74018	X-Ray, Abdomen	I/IO/P	256.00	80.54	103.93	Contact UH	Contact UH	Contact UH	80.54	103.93	80.54	243.20	119.52
236		86900	Blood Typing Abo	I/IO/P	250.00	2.00	146.09	Contact UH	Contact UH	Contact UH	2.00	146.09	2.00	266.91	168.00
237		87186	Susceptibility Studies, Antimicrobial Agent	I/IO/P	368.00	11.00	8.65	Contact UH	Contact UH	Contact UH	11.00	8.65	8.65	349.60	9.95
238		96375	Therapeutic, Prophylactic, Or Diagnostic Injection; Sequential Intravenous Push Of A New Substance	I/IO/P	212.00	66.70	54.33	Contact UH	Contact UH	Contact UH	66.70	54.33	54.33	201.40	62.48
239		86923	Compatibility Test Each Unit; Electronic	I/IO/P	455.00	12.00	195.34	Contact UH	Contact UH	Contact UH	12.00	195.34	12.00	432.25	224.64
240		86920	Compatibility Test Each Unit, Immediate Spin Technique	I/IO/P	437.00	12.00	195.34	Contact UH	Contact UH	Contact UH	12.00	195.34	12.00	415.15	224.64
241		99152	Mod Sedation Services Provided By The Same Physician	OP	290.00	91.23	N/A	Contact UH	Contact UH	Contact UH	91.23	N/A	87.00	275.50	T.B.D
242		97161	Physical Therapy Evaluation: Low Complexity 20 Minutes	I/IO/P	204.00	64.18	N/A	Contact UH	Contact UH	Contact UH	64.18	N/A	61.20	193.80	T.B.D
243		71046	C-Reactive Protein;	I/IO/P	256.00	80.54	103.93	Contact UH	Contact UH	Contact UH	80.54	103.93	80.54	243.20	119.52
244		87040	Culture, Bacterial, Blood	I/IO/P	89.00	28.00	10.32	Contact UH	Contact UH	Contact UH	28.00	10.32	10.32	84.55	11.87
245		97165	Occupational Therapy Evaluation, Low Complexity, 30 Minutes	I/IO/P	204.00	64.18	N/A	Contact UH	Contact UH	Contact UH	64.18	N/A	61.20	193.80	T.B.D
246		97166	Occupational Therapy Evaluation, Mod Complexity 45 Minutes	I/IO/P	371.00	116.72	N/A	Contact UH	Contact UH	Contact UH	116.72	N/A	111.30	352.45	T.B.D
247		73502	X-Ray, Hip, 2-3 Views	I/IO/P	269.00	84.63	103.93	Contact UH	Contact UH	Contact UH	84.63	103.93	84.63	255.55	119.52
248		86850	Antibody Screen, Rbc, Each Serum Technique	I/IO/P	173.00	4.20	61.97	Contact UH	Contact UH	Contact UH	4.20	61.97	4.20	164.35	71.27
249		72040	X-Ray, Neck, Spine, 2-3 Views	I/IO/P	251.00	78.96	103.93	Contact UH	Contact UH	Contact UH	78.96	103.93	78.96	238.45	119.52
250		80307	Drug Tests	I/IO/P	94.00	49.71	62.14	Contact UH	Contact UH	Contact UH	49.71	62.14	28.20	89.30	71.46
251		83690	Blood Test, Lipase	I/IO/P	57.00	4.50	6.89	Contact UH	Contact UH	Contact UH	4.50	6.89	4.50	54.15	7.92
252		82550	Blood Test, Creatine Kinase (Ck)	I/IO/P	47.00	4.80	6.51	Contact UH	Contact UH	Contact UH	4.80	6.51	4.80	44.65	7.49
253		93306	Echocardiography, With Doppler	I/IO/P	1949.00	613.16	630.93	Contact UH	Contact UH	Contact UH	613.16	630.93	613.16	1851.55	725.57
254		97018	Application Of A Modality To 1 Or More Areas; Paraffin Bath	OP	112.00	35.24	N/A	Contact UH	Contact UH	Contact UH	35.24	N/A	33.60	106.40	T.B.D
255		77002	X-Ray, Guidance Of Needle Placement	I/IO/P	871.00	274.02	N/A	Contact UH	Contact UH	Contact UH	274.02	N/A	261.30	827.45	T.B.D
256		96361	Intravenous Infusion, Hydration; Each Additional Hour	I/IO/P	307.00	96.58	54.33	Contact UH	Contact UH	Contact UH	96.58	54.33	54.33	291.65	62.48
257		71045	X-Ray, Chest, 1 View	I/IO/P	256.00	80.54	103.93	Contact UH	Contact UH	Contact UH	80.54	103.93	80.54	243.20	119.52
258		92526	Therapy Swallowing Dysfunction And/Or Oral Function For Feeding	I/IO/P	184.00	57.89	N/A	Contact UH	Contact UH	Contact UH	57.89	N/A	55.20	174.80	T.B.D
259		97129	Therapeutic Interventions, 15 Minutes	I/IO/P	184.00	57.89	N/A	Contact UH	Contact UH	Contact UH	57.89	N/A	55.20	174.80	T.B.D
260		82248	Bilirubin; Direct	I/IO/P	48.00	4.50	5.02	Contact UH	Contact UH	Contact UH	4.50	5.02	4.50	45.60	5.77
261		86706	Hepatitis B Surface Antibody	I/IO/P	94.00	12.00	10.74	Contact UH	Contact UH	Contact UH	12.00	10.74	10.74	89.30	12.35
262		83036	Hemoglobin; Glycosylated (A1C)	I/IO/P	59.00	18.56	9.71	Contact UH	Contact UH	Contact UH	18.56	9.71	9.71	56.05	11.17
263		97164	Re-Evaluation Of Physical Therapy Established Plan Of Care	I/IO/P	204.00	64.18	N/A	Contact UH	Contact UH	Contact UH	64.18	N/A	61.20	193.80	T.B.D
264		97150	Therapeutic Procedure, Group	I/IO/P	204.00	64.18	N/A	Contact UH	Contact UH	Contact UH	64.18	N/A	61.20	193.80	T.B.D
265		97112	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes	I/IO/P	149.00	46.88	N/A	Contact UH	Contact UH	Contact UH	46.88	N/A	44.70	141.55	T.B.D
266		97760	Orthotic(S) Management And Training	I/IO/P	157.00	49.39	N/A	Contact UH	Contact UH	Contact UH	49.39	N/A	47.10	149.15	T.B.D
267		93454	Catheter Placement In Coronary Artery(S) For Coronary Angiography	I/IO/P	13982.00	4398.74	3726.73	Contact UH	Contact UH	Contact UH	4398.74	3726.73	3726.73	13282.90	4285.74
268		84702	Gonadotropin, Chorionic (Hcg); Quantitative	I/IO/P	54.00	11.39	15.05	Contact UH	Contact UH	Contact UH	11.39	15.05	11.39	51.30	17.31
269		97163	Physical Therapy Evaluation: High Complexity	I/IO/P	728.00	229.03	N/A	Contact UH	Contact UH	Contact UH	229.03	N/A	218.40	691.60	T.B.D
270		97530	Therapeutic Activities	I/IO/P	204.00	64.18	N/A	Contact UH	Contact UH	Contact UH	64.18	N/A	61.20	193.80	T.B.D
271		97168	Re-Evaluation Of Occupational Therapy Established Plan Of Care	I/IO/P	204.00	64.18	N/A	Contact UH	Contact UH	Contact UH	64.18	N/A	61.20	193.80	T.B.D
272		87086	Culture, Bacterial, Urine	I/IO/P	83.00	26.11	8.07	Contact UH	Contact UH	Contact UH	26.11	8.07	8.07	78.85	9.28
273		87150	Culture Typing, Dna/Rna Probe	I/IO/P	2808.00	28.07	35.09	Contact UH	Contact UH	Contact UH	28.07	35.09	28.07	2667.60	40.35
274		72070	X-Ray, Thoracic Spine, 2 Views	I/IO/P	239.00	75.19	125.74	Contact UH	Contact UH	Contact UH	75.19	125.74	75.19	229.73	144.60
275		93798	Cardiac Rehabilitation With Ecg Monitor	I/IO/P	396.00	124.58	151.12	Contact UH	Contact UH	Contact UH	124.58	151.12	124.58	376.20	173.79
276		73564	X-Ray, Knee, 4 Or More Views	I/IO/P	230.00	72.36	125.74	Contact UH	Contact UH	Contact UH	72.36	125.74	72.36	229.73	144.60

Notes:
 Inpatient charges are not separately billable and are included in the DRG rate.
 The gross charges for the DRG based billing codes are average charge per case.
 Discounted prices that are not currently available are noted as T.B.D.
 Prices not directly translated on a contract or service group are noted as Contact UH.

Shoppable ID	N/A Indicator	Billing Code	Location Provided	Description	United Healthcare			United Healthcare			Wellcare:			Minimum Negotiated Rate	Maximum Negotiated Rate	Discounted Cash Price
					Community Plan: Medicaid	Community Plan: Medicare	Commercial	United HealthCare: Oxford	United HealthCare: PPO	Wellcare: Medicaid	Wellcare: Medicare					
277		93350	I/OP	Echocardiography, Transthoracic	1949.00	613.16	630.93	Contact UH	Contact UH	Contact UH	613.16	630.93	613.16	1851.55	725.57	
278		97116	I/OP	Therapeutic Procedure, Gait Training	303.00	95.32	N/A	Contact UH	Contact UH	Contact UH	95.32	N/A	90.90	287.85	T.B.D	
279		92523	I/OP	Evaluation Of Speech Sound Production	551.00	173.34	N/A	Contact UH	Contact UH	Contact UH	173.34	N/A	165.30	523.45	T.B.D	
280		83540	I/OP	Blood Test, Iron	40.00	4.50	6.47	Contact UH	Contact UH	Contact UH	4.50	6.47	4.50	38.00	7.44	
281		84439	I/OP	Blood Test, Free T4	81.00	10.00	9.02	Contact UH	Contact UH	Contact UH	10.00	9.02	9.02	76.95	10.37	
282		82728	I/OP	Blood Test, Ferritin	119.00	16.00	13.63	Contact UH	Contact UH	Contact UH	16.00	13.63	13.63	113.05	15.67	
283		93308	I/OP	Echocardiography, Transthoracic, Follow-Up Or Limited Study	1147.00	360.85	280.24	Contact UH	Contact UH	Contact UH	360.85	280.24	280.24	1089.65	322.28	
284		86592	I/OP	Syphilis Test	46.00	14.47	4.27	Contact UH	Contact UH	Contact UH	14.47	4.27	4.27	43.70	4.91	
285		83605	I/OP	Blood Test, Lactic Acid	51.00	13.50	11.57	Contact UH	Contact UH	Contact UH	13.50	11.57	11.57	48.45	13.31	
286		84100	I/OP	Blood Test, Phosphorus	47.00	3.00	4.74	Contact UH	Contact UH	Contact UH	3.00	4.74	3.00	44.65	5.45	
287		93017	I/OP	Cardiovascular Stress Test	1115.00	350.78	358.97	Contact UH	Contact UH	Contact UH	350.78	358.97	350.78	1059.25	412.82	
288		76856	I/OP	Ultrasound Of Pelvis	476.00	149.75	125.74	Contact UH	Contact UH	Contact UH	149.75	125.74	125.74	452.20	144.60	
289		70496	I/OP	Ci Scan, Head Or Brain	2389.00	751.58	210.13	Contact UH	Contact UH	Contact UH	751.58	210.13	210.13	2269.55	241.65	
290		74170	I/OP	Ci Scan, Abdomen With And Without Contrast	4475.00	1407.84	210.13	Contact UH	Contact UH	Contact UH	1407.84	210.13	210.13	4251.25	241.65	
291		70486	I/OP	Ci Scan, Maxillofacial Without Contrast	1126.00	354.24	125.74	Contact UH	Contact UH	Contact UH	354.24	125.74	125.74	1069.70	144.60	
292		71260	I/OP	Ci Scan, Thorax With Contrast	1545.00	486.06	210.13	Contact UH	Contact UH	Contact UH	486.06	210.13	210.13	1467.75	241.65	
293		88341	I/OP	Immunohistochemistry Or Immunocytochemistry, Per Specimen	157.00	79.80	N/A	Contact UH	Contact UH	Contact UH	79.80	N/A	47.10	149.15	T.B.D	
294		87077	I/OP	Culture, Bacterial; Aerobic Isolate	76.00	23.91	8.08	Contact UH	Contact UH	Contact UH	23.91	8.08	8.08	72.20	9.29	
295		76937	I/OP	Ultrasound Guided Vascular Access	575.00	180.90	N/A	Contact UH	Contact UH	Contact UH	180.90	N/A	172.50	546.25	T.B.D	
296		77001	I/OP	Fluoroscopic Guidance For Vein Dvc	468.00	147.23	N/A	Contact UH	Contact UH	Contact UH	147.23	N/A	140.40	444.60	T.B.D	
297		83615	I/OP	Lactate Dehydrogenase (Ld), (Ldh)	57.00	4.20	6.04	Contact UH	Contact UH	Contact UH	4.20	6.04	4.20	54.15	6.95	
298		85652	I/OP	Sedimentation Rate, Erythrocyte, Automated	24.00	1.50	2.70	Contact UH	Contact UH	Contact UH	1.50	2.70	1.50	22.80	3.11	
299		82306	I/OP	Gonadotropin, Chorionic (Hcg), Quantitative	171.00	30.00	29.60	Contact UH	Contact UH	Contact UH	30.00	29.60	29.60	162.45	34.04	
300		86803	I/OP	Hepatitis C Antibody	122.00	38.38	14.27	Contact UH	Contact UH	Contact UH	38.38	14.27	14.27	115.90	16.41	
301		80202	I/OP	Blood Test, Vancomycin	100.00	12.00	13.54	Contact UH	Contact UH	Contact UH	12.00	13.54	12.00	95.00	15.57	
302		86704	I/OP	Hepatitis B Core Antibody (Hbcab); Total	110.00	15.00	12.05	Contact UH	Contact UH	Contact UH	15.00	12.05	12.05	104.50	13.86	
303		84484	I/OP	Blood Test, Troponin	79.00	24.85	12.47	Contact UH	Contact UH	Contact UH	24.85	12.47	12.47	75.05	14.34	
304		84145	I/OP	Procalcitonin (Pct)	566.00	21.78	27.22	Contact UH	Contact UH	Contact UH	21.78	27.22	21.78	537.70	31.30	
305		86140	I/OP	C-Reactive Protein	36.00	3.00	5.18	Contact UH	Contact UH	Contact UH	3.00	5.18	3.00	34.20	5.96	
306		87340	I/OP	Infectious Agent Antigen Detection, Hep B	93.00	14.00	10.33	Contact UH	Contact UH	Contact UH	14.00	10.33	10.33	88.35	11.88	
307		84132	I/OP	Blood Test, Potassium	27.00	3.90	4.76	Contact UH	Contact UH	Contact UH	3.90	4.76	3.90	25.65	5.47	
308		88305	I/OP	Level Iv - Surgical Pathology, Gross And Microscopic Examination	109.00	40.00	61.97	Contact UH	Contact UH	Contact UH	40.00	61.97	34.29	113.22	71.27	
309		83550	I/OP	Iron Binding Capacity	28.00	7.20	8.74	Contact UH	Contact UH	Contact UH	7.20	8.74	7.20	26.60	10.05	
310		87389	I/OP	Infectious Agent Antigen Detection, With Hiv	102.00	19.26	24.08	Contact UH	Contact UH	Contact UH	19.26	24.08	19.26	96.90	27.69	
311		84295	I/OP	Blood Test, Sodium	28.00	3.90	4.81	Contact UH	Contact UH	Contact UH	3.90	4.81	3.90	26.60	5.53	
312		83880	I/OP	Blood Test, B-Type Natriuretic Peptide (Bnp)	157.00	49.39	39.26	Contact UH	Contact UH	Contact UH	49.39	39.26	39.26	149.15	45.15	
313		82570	I/OP	Blood Test, Creatine Urine	53.00	16.67	5.18	Contact UH	Contact UH	Contact UH	16.67	5.18	5.18	50.35	5.96	
314		82247	I/OP	Bilirubin; Total	48.00	3.00	5.02	Contact UH	Contact UH	Contact UH	3.00	5.02	3.00	45.60	5.77	
315		88185	I/OP	Flow Cytometry, Cell Surface, Cytoplasmic, Or Nuclear Marker, Technical Component Only	66.00	19.25	N/A	Contact UH	Contact UH	Contact UH	19.25	N/A	19.25	62.70	T.B.D	
316		87070	I/OP	Culture, Bacterial; Any Other Source Except Urine, Blood, Stool Or Aerobic	157.00	9.00	8.62	Contact UH	Contact UH	Contact UH	9.00	8.62	8.62	149.15	9.91	
317		87205	I/OP	Smear, Primary Source With Interpretation; Gram Or Giemsa Stain For Bacteria, Fungi, Or Cell Type	41.00	4.20	4.27	Contact UH	Contact UH	Contact UH	4.20	4.27	4.20	38.95	4.91	
318		85007	I/OP	Blood Count	21.00	2.40	3.80	Contact UH	Contact UH	Contact UH	2.40	3.80	2.40	19.95	4.37	
319		87081	I/OP	Culture, Presumptive, Pathogenic Organisms, Screening Only	86.00	9.00	6.63	Contact UH	Contact UH	Contact UH	9.00	6.63	6.63	81.70	7.62	
320		74176	I/OP	Ci Scan, Abdomen And Pelvis Without Contrast	1001.00	314.91	280.24	Contact UH	Contact UH	Contact UH	314.91	280.24	280.24	950.95	322.28	
321		82435	I/OP	Blood Test, Chloride	27.00	3.00	4.60	Contact UH	Contact UH	Contact UH	3.00	4.60	3.00	25.65	5.29	